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AUTHOR Panitch, Melanie
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ABSTRACT

This manual is intended to facilitate the integration of children with mental handicaps into child care centers in Canada and elsewhere. The first chapter looks at the background of integration in early childhood child care programs in Canada and identifies concerns of parents. The second chapter explores the practice of labelling children with disabilities including both positive and negative consequences. Stressed in the third chapter is the need for careful planning and collaboration to ensure the inclusion of all children. The specific roles of administrators, staff, and parents as well as the importance of teamwork are examined next. The fifth chapter, on program development and implementation, discusses the individualized planning process, use of resources, and transitional periods. The last chapter offers eight hypothetical situations presenting dilemmas for problem solving and role playing. Appendices include: a glossary, guidelines for parents choosing a group setting, an inventory of children's needs, and a checklist of program mainstreaming characteristics. Also included are listings of national day care organizations, federal government child care offices, provincial and territorial government day care offices, and a bibliography of 130 items. (DB)

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QUALITY CHILD CARE FOR ALL

A Guide to Integration

ROEHER

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QUALITY CHILD CARE FOR

ALL

THE ROEHER INSTITUTE

A Guide

to Integration

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Institute Director: Marcia H. Rioux
Principal Author/Researcher: Melanie Panitch
Researcher: Giovanna Heffernan
Photography: Fitzgerald Studio, Sydney, N.S.
Publications Editor: Laura Code
Desktop Publishing: Dean McCallum

Photographs of children from:
Town Day Care Centre, Glace Bay, Nova Scotia

The Roeher Institute
Kinsmen Building, York University,
4700 Keele Street North York, Ontario, Canada M3J 1P3

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Kinsmen Building, York University,
4700 Keele Street,
North York, Ont. M3J 1P3
(416) 661-9611, Fax (416) 661-5701

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FOREWORD

It is often said that children are a nation's most important asset. But looking around us it is difficult not to arrive at the conclusion that this only means "some" children. Where do the kids with disabilities play? Where do they go to school? Where do they attend day care? Where do they eat fast food? Why are they invisible in our daily lives? We know they are somewhere; now it is time for us to ensure that they join the rest of the children in regular childhood activities. They are kids first and should have all the opportunities to do what kids do—to grow in healthy, safe environments.

Childhood experiences, both good and bad, are a major influence on the way we live as adults. So we should not be surprised when segregated children become segregated adults. At a very early age children begin to learn to put the world around them in order. If the world they see excludes some people — children with disabilities, native children or children from ethic, racial or religious groups other than their own—then that is how they will understand the world.

It is with some excitement that we have written this manual. We have found many people truly committed to integration in day care in its broadest sense. They are developing places where all children are welcome and encouraged to attend, where difference is an asset, not a problem. They recognize the value of each child and they are building on that. It is not a melting pot but a mosaic of different colours, different abilities, different beliefs, different economic levels, enriching the experience of each child who participates. We hope that this book will inspire others to follow the example set by these leaders in child care. When the children who have been lucky enough to be in integrated systems are grown we can be confident that they will not tolerate the type of segregation and discrimination that exists now.

Many people have made this book possible. I would especially like to thank Melanie Panitch, who wrote the manual, and Giovanna Heffernan and Cam Crawford, who contributed significantly to the writing process. The following people gave invaluable guidance as part of the project's advisory team: Sharon Hope Irwin, Dana Brynelson, Dr. Laura Mills and Kathy Spencer. I would also like to thank those who read drafts of the manual, including Sharon Hope Irwin, Melodie Zarzeczny, Diane Richler, Miriam Ticoll, Dana Brynelson and Donna Michal. This manual is based on a research study undertaken by The Roeher Institute entitled *Right Off the Bat: A Study of Inclusive Child Care in Canada*. The Child Care Initiative Program, National Health and Welfare, provided the financial support for both this manual and the research study. The understanding of the importance of integration that is reflected in their support is most encouraging.

Marcia H. Rioux Director

INTRODUCTION

Our vision of a desirable future for every child with a disability in Canada today is one in which families will continue to care, friends will call and neighbours will be helpful; in short, nothing less than that which any of us would wish for ourselves. Achieving that vision will ultimately depend on the capacity of communities to learn to include *all* children, irrespective of individual differences, and to learn to support their parents in a respectful manner which enables them to lead as normal a life as any other family. What better place to begin than where children learn and play?

Since children at a young age are far more tolerant of differences and are more willing to accept others for who they are, it is appropriate that the integration process begin as early as possible. At this stage in our evolution as a society, the successful inclusion of children with disabilities does not yet happen spontaneously. It requires the gentle, guiding hands of parents, staff and administrators linked together, working behind the scenes.

This manual is directed to parents and child care staff[1] and administrators. It is based on the principle that the basic needs of children are universal, although the specific interventions to address these needs may vary. It provides examples of and strategies for inclusion, a checklist for assessing a child care centre, and a discussion guide. These are useful for teaching students, organizing in-service training, and highlighting the important roles of parents and care providers in making quality child care a reality.

The term "child care" is generally used when referring to a variety of care arrangements and education settings for children up to the age of twelve years, beyond the care provided by their own families and their schools.[2] The term encompasses preschool programs and day care.[3]

The philosophical commitment to integration has been in place for a number of years, first articulated through the principle of normalization.[4] At that time the advocacy was led by parents of children with disabilities who found the doors of their local child care centres (and schools and community recreation programs) firmly shut to their children. Their response was to organize segregated, specialized services, the only option available to them at the time. The very existence of these specialized services is being challenged today.

We are currently witnessing major activity towards the provision of a range of integrated child care opportunities. Across the country, local associations for community living are contemplating how to transform those services first begun by parents, while still retaining the expertise residing there and the guaranteed program spaces these services still represent for their families. Now, mounting evidence in support of the benefits of integration for all children, combined with the realization by child care staff that learning the skills to support children with different abilities helps them with every child, is stimulating the child care community itself to promote the issue.

The development of good integration practices in child care centres is intricately linked with the need for an overall quality child care system in Canada. In order to be able to plan for supports and for access to appropriate services for children who need them, we must also work towards a child care system for all children that is stable, comprehensive and of high quality. If a child with a disability is placed in a program which is not meeting the needs of the children already in the program, that child is at risk of losing skills already gained. It is incumbent upon all persons involved in early childhood programs to understand this connection and to keep abreast of new information pertaining to integration in order to make decisions that benefit all the children, parents and staff concerned.

CHAPTER I

THE BACKGROUND STORY

How far have we come in the past two decades? Certainly attitudes towards people with disabilities have changed. There is more evidence of children participating in their neighbourhoods as schools extend the possibilities of integrated education, as recreation departments operate integrated summer camps, and as preschool programs are increasingly designed to include all children.

A number of milestones mark this twenty-year period. In 1970 the Commission on Emotional and Learning Disorders in Children produced a report entitled *One Million Children*, (the CELDIC Report). Sponsored by a number of interested Canadian associations, the Commission reported that the needs of children with disabilities were not being met by existing services and called for "sweeping changes in policy, in planning, in practice, but most of all in attitude".[5] Having observed the manner in which children "labelled handicapped" were being served in preschool programs on a segregated basis, it concluded: "The reasons for this seem to have been administrative and financial rather than educational, and indeed this practice may be detrimental to the educational objective".[6] Many of its recommendations focused on the need for integrating children into regular programs and for developing more comprehensive services that would not be "limited by either diagnosis or category of disability".[7]

The findings of CELDIC stimulated parents, professionals and concerned agencies to press for change. Concurrently, the impact of the theory of normalization provided a philosophical basis for integration. The principle of normalization implied that whatever opportunities were typically available to children should similarly be available to children with disabilities; what became special then was the extra support children required to participate, not a different (special) program.

But this approach, while significant in its message of valuing children with disabilities, has been unable in itself to reshape the system and influence the manner in which human services are organized in order to meet the many varied needs of families. At a time in Canada when the rights of people with disabilities are entrenched in the *Charter of Rights and Freedoms*, the argument for integration is taking on a new look. It is being framed on the basis of equality. Parents are insisting that their children have the right to be included in the mainstream of society as valued and contributing members. Knowing the importance of the early years for maximizing children's growth and independence, they want inclusion to begin in the preschool years. They want access to the same day care centre attended by the other kids on the block.

There are, however, significant obstacles. Nowhere in Canada is integration the law. At the present time no province or territory requires that day care centres include children with disabilities, although some encourage the practice through permissive legislation or regulations and will provide some funding under certain conditions.

In the absence of a legal imperative and in spite of the structural impediments, innovative people in the day care field across the country are responding to the moral imperative to include all children. Wherever they live and in whatever level of the system they work, they are challenging exclusionary practices and policies.

A creative day care centre in a rural community in Nova Scotia became integrated without necessarily knowing it, simply by saying "yes" to one child and then figuring out what he needed. Never losing sight of that approach, and securing it with funding, in-service training, a parent board and community acceptance, it now has an international reputation for its exemplary practice.

A child care agency in Alberta has developed a program within the day care system which provides individualized support to children who have disabilities. Its goal is to get children physically and socially as close to their peers as possible. All staff at the centres are encouraged to be responsible for making that happen and are assisted with consultation, training and, when required, an extra pair of hands. The major challenge facing this program has been to keep the municipal day care centres interested because accepting a child does not necessarily mean the centre receives a fixed lump sum of money to be administered by the director. Instead, the dollars are attached to the child, and spent according to that child's needs, with the recognition that these needs will likely change over time. The program's undisputed success is to the credit of many front-line workers and a source of pride to government administrators. But, as its advocates have known all along, the real beneficiaries are the young children and their families.

The transformation of a specialized child care centre in the Yukon is instructive to those challenged to change existing programs. One of the strategies to integrate the centre has been to bring some of the neighbourhood kids into its own preschool program (sometimes referred to as "reverse integration"). In another strategy, the specialized centre provides consultation to regular day care centres prepared to accept children with disabilities. A third strategy has been to move beyond the urban area and establish an outreach program to a number of unserved outlying communities; consultants travel to these areas and share their expertise.

Although there is no legislation enforcing integrated child care, the Manitoba government has taken the lead in recognizing the need to support families who require child care and who have a child with a disability. The provincial government created a program in 1982 that enables families to send their children to a neighbourhood centre. Funding for personnel and equipment is provided to child care centres to support both the individual child and to strengthen the program overall. As a result of this initiative, a majority of child care centres in Manitoba include children with disabilities.

These stellar examples are the exceptions rather than the rule; the majority of children with disabilities are still found in specialized settings. At this point in the evolution of services for children with disabilities, it would be wrong to ignore the challenge to overcome years of segregated programming. It is an issue in many communities where there may be a willingness to develop more integrated opportunities but the problems in doing so are considerable. Specialized programs are frequently well-served by professionals providing occupational or physiotherapy or speech and language therapy. They are generally completely funded so parents do not pay fees—unlike day care—and transportation is often provided. Furthermore, specialized programs represent protected spaces for families who fought long and hard to get them for their children when they were refused other opportunities. In this period of transition no such guarantee exists elsewhere of well-equipped, free and protected spaces, to which their children are transported daily.

If innovative practices to include children are not yet widespread, they do highlight the creativity and energy going into this struggle across the country. They represent promising solutions to a critical situation in the provision of day care for children generally.

In addition to a lack of legislation, general availability and uniformity of day care programs are problems shared among families with and without children with disabilities. People looking to programs in their own communities find services impeded by a lack of uniformity in the distribution of personnel, dollars, equipment and other resources. Access is another major barrier. Gaining access to child care in Canada is a formidable task for many families today. Indeed, the situation was deemed of crisis proportions when the Royal Commission on the Status of Women reported in 1970. The demand for adequate child care spaces far outstripped the supply then, when only twenty per cent of mothers with children under fourteen years of age were in the work force. Since then many briefs, studies and reports have addressed the issue. Judge Rosalie Abella, in the 1984 report of the Royal Commission on Equality in Employment, identified inadequate child care services as a consequence of social policy that was "greatly behind the times".[8] That same year, the federal government appointed Katie Cooke, first president of the Canadian Advisory Council on the Status of Women, to chair the Task Force on Child Care to examine the problem which was described as becoming more acute.

In 1985, the Special Committee on Child Care, a parliamentary committee chaired by Shirley Martin, MP, was struck to study the child care needs of Canadian families and to define a role for the federal government. Following its 1987 report, Ottawa announced a "national strategy" on child care in December of that year. In July 1988, a new Canada Child Care Act was introduced to parliament. Partially recognizing existing needs, the proposed legislation was to provide tax breaks to families and 200,000 new subsidized child care spaces within seven years. It failed to become law before a federal election was called in November 1988. It is clear that these problems of gaining access to child care for families in Canada are compounded for families that have children with disabilities.

Over the past two decades the number of full-time spaces in child care centres has grown by an annual rate of ten to sixteen per cent[9] but there are still long waiting lists and unresolved problems. Part of the explanation for the situation lies in the changing nature of Canadian families. There is a growing number of mothers with preschoolers who are working outside their homes. This participation rate reached fifty-seven per cent in 1987[10] and is increasing yearly to an extent that is being described as remarkable. For social and economic reasons women are exercising their right to be part of the paid labour force. There is a sharp increase in two-earner families for which a single income is inadequate, as well as single-parent families headed by women who are at risk of living below the poverty line or falling into the welfare trap. This increase accentuates the critical need for child care arrangements. Furthermore, shifting family and community patterns have meant a decline in the extended family and other informal means of support, putting a greater demand on organized child care. These trends have had a critical impact on all Canadian families, and even more so on families in which parents are trying to keep pace while raising children who have disabilities.

Indeed, securing quality child care is a daily issue for a significant number of Canadian families. According to 1987 statistics, more than 1.9 million children under the age of thirteen years needed some form of care because their parents worked or studied outside the home. Yet only thirteen per cent of those could be accommodated in licensed spaces (total: 243,545 liscensed spaces).[11]

Licensed child care means that the service is regulated by the provincial or territorial government. Services must comply with standards in health and safety, group size, staff-to-child ratios and, in some jurisdictions, educational requirements for staff. Both child care centres and family day care homes (where a care-giver looks after a limited number of children in his or her own home) can be licensed. Securing a licensed space in one of these facilities is difficult enough, but when faced with the high cost attached to it, families are frequently dissuaded from using the service. Instead they explore unregulated care arrangements—perhaps a babysitter from down the street. Some of these arrangements can be very good, others very poor, given that there are no minimum standards. Over eighty per cent of Canadian children are being cared for in unlicensed and unregulated care arrangements.

The major issues then for parents seeking care for their children are:

- the availability of spaces;
- the cost of care;
- the quality of care the children receive.

What happens when we add to all this another layer? What happens when the child for whom we are seeking day care happens to have a disability? In light of the previous discussion let's begin to think about the implications through a series of questions:

1. What are the chances the child with a disability will be admitted?
2. If not, will she or he go on the waiting list on a first-come-first-served basis?
3. Can her or his mother expect to be able to work or study outside the home?

4. Is the child's family eligible for a subsidy or is the cost of the disability borne by the family alone?
5. Could a family day care home provide her or him with an integrated program?
6. Do child care workers require additional training to work with her or him?
7. Do government policies and regulations recognize the extra support and higher ratio of staff-to-child that may be necessary?
8. Is the playground accessible to everyone?
9. What is quality integration?
10. Where does individualized programming fit in?

All these questions and many others are stimulating tremendous discussion around ways to include children with disabilities in child care centres. There is good reason for this. Programs for children of preschool age provide valuable opportunities for educational and social growth routinely available to typically developing children. These programs create a natural setting for learning which benefits children with disabilities. It is hoped that this manual will address such questions and contribute to that discussion by translating a commitment to integration into the development of successful programs.

But first, what do we mean when we refer to children with disabilities?

CHAPTER 2

LANGUAGE AND TERMINOLOGY

In recent years, a major debate has focused on the importance of using the correct terms when referring to people with a disability. Language is significant because it both reflects and shapes attitudes. One aspect of the debate has centred around the use of the words "disabled" and "handicapped".

The majority of disability organizations deliberately no longer refer to their members as people with handicaps. For these groups the distinction between a "handicap" and a "disability" is clear: a person is handicapped by the failure of society to recognize her or his needs and to make the necessary accommodations to meet those needs. A handicap is therefore considered a "social construct", a condition resulting from the failure to remove barriers to participation. A person who has a disability, on the other hand, has a limitation in her or his capacity to function in a particular area; this person may or may not be "handicapped" because of this limitation.[12] For the people in many disability organizations, the term disability has a more positive connotation than the term handicap. Other organizations, like People First, a self-advocacy organization with branches across Canada, accept the use of the term "handicapped" (as in a person who has a mental handicap) when a label is necessary. The language debate will continue as long as people with disabilities experience discrimination.

The question of labelling arises when children with disabilities are identified as having "special needs". This presents a real dilemma. On the one hand, precise information about the disability may be a necessary precondition to providing a child with the resources he or she needs. On the other hand, there are serious dangers in emphasizing a child's "differences", particularly when such differences are negatively valued and are seen as problems within the child.

Our concern is with children whose disabilities, by definition, affect the children's acquisition of skills along the lines of typical developmental patterns. These can include mental or physical disabilities, hearing difficulties or visual impairments, emotional disorders or language impairments. Any child may have problems in development related to one or several of these areas of disability. Each condition can range from slight to severe in the way in which it affects a particular child.

Major consideration must be given when applying categories to children to differentiate them from other children. The use of categories can either have serious negative consequences or definite benefits for the child's future depending on how they are used and interpreted.

A CAUTIONARY TALE ON LABELLING

"Last June, we were visited by two teachers from a neighbourhood school who wished to observe Tyler, one of the children in our day care centre who was to attend their school in the fall. One of them was the actual classroom teacher, the other described herself as the methods and resource teacher. It seems the school board allows for a half-day observation of this nature. We talked when they arrived and I offered to show them around. They refused my assistance, feeling that if they went around themselves their presence would be less intrusive. They were confident they could pick Tyler out of the crowd from the description they had of him. It turned out that they were going by three labels: they were seeking a child with "speech delay" and an "attention deficit", and who was "disruptive".

When I found them again at lunch time they reported that they had had no trouble finding him. Actually, they said, they had found his speech quite clear but they felt he did tend to be very disruptive with the other children and that he certainly was inattentive. "Well he is coming along," I insisted somewhat defensively.

It was only when they walked over to Tyler to say goodbye that I realized they had picked out the wrong child. It was Matthew whom they had been watching; they hadn't even noticed Tyler because he had not stood out. Needless to say when I pointed out their error they were very apologetic; in fact they were beet red.

But I don't believe they grasped the serious implications of their reliance on labels. They had used up their half day to observe the wrong child; they had gone in looking for a child with problems and they found one to fit their description. Part of me actually found this funny but I never did tell Matthew's parents because I thought they would be very upset!"

This case of mistaken identity took place because the teachers had a preconceived idea of what a child with the labels "speech delay", "attention deficit" and "disruptive behaviour" would be like. While the intent of their visit to the day care was to prepare for Tyler's arrival at school—a positive move—in looking for a child to fit the labels, they demonstrated the danger of making assumptions about a child without taking the opportunity to get to know anything more about him or her. The consequences of labelling are complex and demand serious consideration, especially by those who, in carrying out their daily responsibilities, can affect children's lives.

NEGATIVE CONSEQUENCES

Evidence of the impact of labelling is all around us. Segregated classrooms, schools and institutions grew out of the practice of defining people according to their disabilities. One of the problems is that deficiencies and abnormalities are stressed in the definition. These deficiencies then become identified with the child and the child is viewed as the problem. Another is that while strengths and needs such as those identified by psychometric and other tests indicate probable progress in specific circumstances for children of certain ages, they tend to be used inappropriately to "predict" permanent levels of achievement in all areas of life. Such uses undermine expectations for the child, limiting her or his potential for future development.

Not only do psychological tests tell us very little about children under the age of seven,[13] but the test scores are standardized for children whose development and experience closely adhere to societal norms, not for children whose lives have been affected by a disability. Consequently, any application of such testing procedures needs to be rigorous and any interpretation of results must be cautious and enlightened. Finally, there is a risk of viewing the child as little more than an assortment of unusual "problems". Diagnostic categories minimize and even devalue the uniqueness of each child's complex of intellectual, social, emotional and physical capabilities and needs by measuring against a yardstick depicting the "average" child.

The differentiation of "special" children overlooks the important fact that typical children progress at vastly different and uneven rates of development, as do children with disabilities. Any child can encounter a problem in one phase or another of development. There are times when every child in day care will have trouble "paying attention". Children's pent-up feelings about major changes on the home front will almost certainly be expressed at day care. Do we call this "expressing one's feelings" (an activity that is positively valued) or "being disruptive" (a negative term)? It is important that we ask what the consequences are of these two different descriptions.

POSITIVE CONSEQUENCES

Because some children require additional resources to allow them the same opportunity for development as other children, it is essential to identify what they need in order to direct resources to them. The use of different labels can provide parents and professionals with more precise information about the resources needed, such as the amount of time spent with a child, the use of certain teaching techniques, corrective surgery, specialized equipment or personnel, or structuring the environment. Furthermore, giving full recognition to a child's differences can provide planners with information upon which to base decisions concerning research projects, service development and changes in legislation. An approach is required which seeks specific information about each child's strengths and needs, and which translates that information into meaningful directions to promote his or her human dignity and development.

Children with disabilities have needs common to all children: physical care, strong emotional ties and opportunities for intellectual and social learning. Their basic needs therefore are not special, nor are they different. The specific interventions to address those needs will vary from child to child, and sometimes those interventions will require special skills. If we consider the goal of proficiency at language a common goal for all children, what becomes special is the particular response and strategy to help a child achieve that goal. That places the challenge in our own laps. It is up to us to discover various ways of providing the encouragement, support and praise as well as creative teaching methods that will inspire all children to work towards greater levels of independence and achievement.

SUMMARY

In this chapter we have explored the practice of labelling children with disabilities and the dilemma which arises. The negative consequences of labelling include viewing children in terms of categories, test scores and problems, thereby minimizing their uniqueness. The positive consequences involve the recognition of a child's differences so resources appropriate for that child may be provided. What is recommended is an approach that identifies a child's strengths and needs, and a program that will promote his or her development in positive directions.

CHAPTER 3

WHAT DOES GOOD INTEGRATION LOOK LIKE?

PICTURE THIS: JENNA

It is 3:00 in the afternoon. Nap time is over and there is much scurrying around as if to make up for the hours lost in sleep. Children in small groups attack every cranny of the day care centre. All staff members are on the floor, absorbed with kids, blocks, dump-trucks, shoe-laces, puzzles, and plastic purses from the dress-up corner. It is raining and any thoughts of outside play have long been abandoned.

A little girl on a tricycle is riding around the outer edges of the room. She watches the activity, but from a comfortable distance. One staff person catches her eye and coaxes her to join the other children in the book corner, pointing to her favourite book on farm animals as an enticement. He is her special needs worker, and in addition to supporting Jenna he is responsible for a second child in this room. She rejects the book and continues to circle. A closer look reveals her tangled pony tail still matted from sleep and a hairband imposing no sense of order or style. She wears glasses which appear thick and foggy; a black elastic band at the back of her head secures them in place. She gets an occasional wave from the children she passes, but no invitation to play. The other staff members, absorbed in their own responsibilities, glance up from time to time to ensure she is safe. Actually they are pleased to see her sticking with one activity; she never remains absorbed in one thing for more than a few minutes. The other children often get upset with her because she grabs their things and runs away.

Eventually her worker blocks her path and suggests they do a puzzle together. She agrees and joins him at a table where other children are also assembling puzzles. They don't understand why, if she really is five years old as everyone says, she doesn't speak, and they wonder what makes her so different. She has been coming to the centre for a year now and rarely misses a day. Her speech therapist says her first discernible word was another child's name.

While this centre is attempting to provide an inclusive setting, we can see through Jenna's experience that staff must be more creative in finding ways for her to become part of the action. Contrast Jenna's afternoon with that of another preschooler.

NOW PICTURE THIS: CARL

It is 3:00 in the afternoon. Nap time is over and all the children are gathered on a carpet, anxiously awaiting the appearance of a very welcome guest at their day care. In the centre is a small cage and cowering in that cage, somewhat afraid of all the commotion outside, is Bubba, a brown rabbit. At the outer edges of the group is a little boy propped up in an aide's lap as, all around him, children vie for a chance to see the rabbit.

Suddenly his left hand, in an uncontrollable sweeping motion, stretches out and lands in his neighbour's hair. He pulls. She winces and is immediately advised to tell Carl she didn't like that because it hurt. She does, but then tousles his hair to demonstrate a more gentle touch and to prove no hard feelings.

By now Bubba has advanced a number of times and nibbled out of eager hands, inspiring much giggling. An official voice suggests all the children at the back will now get their turn to be at the front of the crowd. Carl gets his chance. His braces are adjusted and he's propped back into his moulded seat and placed right in front of the cage door. With his more reliable right hand, he reaches for a kernel to feed Bubba. He picks one up, then instinctively puts it to his own mouth. "NO!" comes a chorus of shouts from the other children. "It's for Bubba!" Carl complies. He offers it but by now Bubba is full and uninterested. Carl too has had enough. He drops it back in the bowl, ready for something different.

Both these stories represent day care centres that are including children with disabilities. It would be useful to look at each scenario more closely to begin to get to the heart of what constitutes good integration practice. Let's compare what lies behind the different ways in which Jenna and Carl are involved with the other children.

I. HAVING A CLEAR POLICY AND PHILOSOPHY

Promoting a positive attitude starts with a clearly stated policy and philosophy. In Carl's day care the policies are posted on the notice board opposite the entrance. The director makes a point of going through them with any parent who comes for a preliminary interview. She explains that the centre values diversity and describes their policy to include children with disabilities as well as children from different countries and cultures as a means of fostering greater understanding and tolerance. Parents are then able to make a decision whether or not to enrol their child based on that information. If they decide "yes" they know they can expect some questions at home; consequently they will be prepared. If integration is a new experience for them they also know they can seek advice at the centre. In that way the children will be given a consistent message.

In Jenna's centre the impact of omitting that step has apparent undesirable consequences. If parents are not advised of the integration policy they are naturally bewildered when they hear stories at home about a "disruptive child" in the preschool group who doesn't speak. That confusion will extend to the children who, in the light of their parents' response, will have an increasingly hard time getting beyond the notion of "difference".

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II. CREATING AN ENVIRONMENT THAT IS ACCEPTING OF DIFFERENCE

All children will have questions; that is how they learn and it is to be encouraged. So what is the best way to respond to children when they point their fingers and ask "why" Carl doesn't walk and "how come" Jenny still can't talk? The approach at Carl's day care is to give just as much information as necessary and to play a game about similarities and differences. The game involves questions: "Who paints with their right hand? Who paints with their left hand?" or comparing means of travel: "Some kids ride bicycles, some tricycles, some wheelchairs". Another approach is to point out how much everyone likes to talk about what they're good at but not so much about what they can't do well, with the conclusion that everyone can do something. Staff members can also pull a few books from the book corner to reinforce the message that all children are different from each other.

In the absence of this context, staff members who are anxious to set things right are left managing "damage control". They might, as a panic response, bring in a book about Down Syndrome which, at that point, only reinforces the sense of "other". The director might correctly sense the need to invite parents to meet at the centre to discuss the impact of the integration initiative. But by acting after the fact, he or she will likely have difficulty finding a time when all parents can attend. The parents then miss the opportunity to gain an understanding of the situation or to see it as anything other than problematic. Their acceptance may develop over time but only with a consistent and sensitive approach by staff. It is better to predict the inevitable impact of integration and plan to deal with it up front.

III. SHARING THE RESPONSIBILITY

The way in which responsibility for Carl and Jenna is allocated has a significant impact on everyone. Sharing is key; there needs to be teamwork. Designating one staff person as the special needs worker risks exempting everyone else from becoming involved. All the answers are not in yet on how we can include every child but a collaboration of ideas and strategies from all staff workers and children is more likely to produce positive results than the ideas of just one person.

Carl's physical demands require that everyone take on a role: the aide; the supervisor; the cook; and, as much as possible, the other children. Cooperation is needed not just for physical support but also for strategies to include him in activities. For example, given his weak left arm, imagination must be used to figure out how Carl can hold his paper down while he's colouring or how he can play in the block corner.

Both Jenna and the other children as well as other staff miss out on each other's creative input if there is reliance on one designated worker. The obvious concern is that Jenna will be left circling alone while her worker attends to his other charge; there is also the question of what happens to Jenna on a day when her worker is ill? Another consideration of this particular situation is that, given the predominance of females in the child care field, the male on staff is likely of interest to other children; he could be working with more children. Finally, if that particular worker does have specialized knowledge from working closely with Jenna and attending her speech therapy sessions, this expertise could be shared with other staff members so they know what she is working on and can reinforce her communication skills. Better teamwork in Jenna's day care could certainly have provided her with a more fun-filled and stimulating afternoon.

IV. PROMOTING CHILD-TO-CHILD INTERACTION

The difference in the quality of Jenna's and Carl's afternoons reflects the different ways they are welcomed by the other children. Quality integration promotes child-to-child interaction. The task for everyone involved is to make this happen. It would be better for Carl if he did not have to miss extensive periods of day care time for orthopaedic attention. Similarly, it would be less disruptive if the speech therapist could see Jenna in the centre where she is comfortable, rather than having her attend a hospital clinic. Real ingenuity is called for in structuring play so that the children truly are involved. The rabbit episode is a lovely example of how that can happen, even though it only accounts for less than an hour of the day. It represents the forethought that went into making Carl part of the group. Sensitivity to the little girl's discomfort in having her hair pulled even though it was not intentional was a signal to everyone of a just response and of no preferential treatment. Announcing that all the kids at the back would switch places, not just Carl, did not single him out while achieving the desired result. The fact that the correction to feed the rabbit and not himself did not come from an adult but from Carl's peers meant it likely had greater effect. These are all good strategies for inclusion.

The tactics might differ but the principles would be the same if Jenna were to be involved to a greater degree. Combing her hair and braiding it after her nap would enhance her sense of herself. Building on what she likes—the farm book, the bike, the puzzles—and targeting the child whose name the therapist heard her utter might be a place to start. Jenna's habit of hovering on the outside and watching suggests she needs to be taught the skills to connect with the group of children. Similarly, the other children need to be guided and encouraged to interact with her. Everyone would have to get in on the act, both in devising a plan and in carrying it out.[14]

V. INVOLVING PARENTS

Welcoming parents to participate enhances the quality of the child's day care experience. Parents know how their child responds in a variety of situations and can advise on their child's preferences and behaviour patterns. Jenna travels by taxi to day care so her parents visit infrequently. A communication book informs them of some of her daily activities but it doesn't always come back to the day care with her. Her special needs worker has the impression that her family is not very interested. Perhaps a visit to Jenna's home when her parents were there would stimulate their involvement. They might even have suggestions as to a skill they would like to see her develop. At the very least her worker would come away with some new program ideas, as it is always enriching for those who work with children to see them in their home environments.

Carl's parents are enthusiastic about the program because they can see the difference in him since he began attending. He cries less frequently, is sitting up more and is always cheerful when he gets in the car to go in the morning. Their satisfaction inspires the staff, although sometimes staff feel that he's treated too much like a baby. They are encouraging his parents to expect more of him. One of the ways they do this is by having his parents meet other parents of children Carl's age. In addition, the director is organizing a series of education evenings on different topics of interest to all families. Every parent, even those who agree in principle with integration, will have questions about how it is working. Many will have fears that their child might be losing out or mimicking inappropriate behaviours. In open discussion these concerns can be aired and addressed and an occasional anecdote can be instructive. One such anecdote involved the trend that Carl inspired. For a time, when Carl first began attending, he arrived every morning with his milk in a baby's bottle. When the other children saw this they all begged to have one too. This was arranged but parents were reassured when they learned it was just a passing interest; "big kid's" play soon weaned them as it did Carl, who shortly afterwards graduated to drinking from a cup.

SUMMARY

In this chapter we have used two scenarios to underscore the point that integration is serious business. It is not by accident that some children are marginal to the action while others are always included. Careful planning and collaboration lie behind that difference. Five critical points were identified. They are:

1. Having a clear policy and philosophy.
2. Creating an environment that is accepting of difference.
3. Sharing the responsibility.
4. Promoting child-to-child interaction.
5. Involving parents.

Administrators, staff members and parents all need to be involved. The next chapter will explore the roles each can play to ensure that children with disabilities are provided with day care that promotes their growth and participation in the community.

CHAPTER 4

THE ROLE OF ADMINISTRATORS, STAFF AND PARENTS

A group of parents who were satisfied with the way in which their children were being integrated into a neighbourhood day care centre identified what they considered to be the key factors:

- **Attitude** is most important. Everyone here has a fantastic attitude.
- The **director's commitment** and warmth filter down.
- The **workers have to follow through;** they know the kids best and they treat them all the same.
- They respect **my husband and I as the number one players.** I feel my input is valuable.

These positive comments are attributable to teamwork and collaboration on the part of administrators, staff and parents. It is worthwhile looking more closely at the role each can play to ensure that children are included in a meaningful way.

ADMINISTRATORS

Day care directors, in providing an integrated program, have responsibilities that lie within their day care centre as well as in the community-at-large. Addressing any particular issue in the centre itself will frequently involve taking a look at the larger picture. There are three major areas in which administrators have a key role.

Leadership

They must demonstrate leadership by having a firm commitment to the basic philosophy that day care should serve all children. *Within the centre,* that becomes the basis for organizing daily operations. It includes interviewing new families for spaces, informing everyone about the centre's philosophy, and establishing criteria for admission that are fair and equitable. The director must ensure that staff understand fully that the benefits for children with disabilities lie in what they learn by observing and interacting with their peers. The director must also promote the understanding that all children benefit from developing relationships with one another and becoming more sensitive to differences. However, *outside the centre* this message will not be well known and it must be communicated. Given that day cares are a community resource (unlike segregated services which are seen as "separate from"), it is incumbent upon lead personnel in the program to educate an often uninformed public about such benefits. Formal presentations, outings with the children, open houses, meeting the neighbours—any involvement which portrays the program positively and encourages greater interaction with the community will demonstrate the way in which people with disabilities can be part of their neighbourhood. Maintaining an open-door policy for visitors and observers will encourage involvement by creating a sense that people are welcome to drop by and participate in the program.

Supportive Environment

Creating a supportive work environment *within the centre* goes a long way in ensuring a quality environment within which children play and learn. Supporting the day care workers to do the best they can will clearly be in the best interests of the children. This includes hiring staff who are knowledgeable or who are willing to learn about integration. However, people working with children, and particularly those with a pioneering outlook, face many challenges. Ever-present financial constraints make it difficult for most day care centres to afford or even find the staff they need; therefore they need to make the best use of staff already available within the program.

An administrator must ensure that the day care environment provides opportunities for staff to be caring and valuing of children with disabilities. Critical strategies for keeping staff enthusiastic include: providing staff development sessions at regular staff meetings or advising staff of outside training events; responding to staff requests for training in areas they identify as priorities; providing relief workers so staff can attend these training opportunities without worrying about jeopardizing a child's program; and investigating fresh ideas. Administrators can personally model caring and valuing ways of interacting with children, staff and families. In addition, they can establish ways of rewarding and celebrating these actions in staff members.

Outside the centre this involves maintaining close contact with the community colleges which provide training in early childhood education. Faculty need to be advised of any changing trends in the composition of children in day care so that this can be reflected in their curriculum. Similar affiliations are valuable with associations which represent the concerns of day care staff and which are attempting to raise the profile and professionalism of workers in this field.

Quality Program

The director is also responsible for ensuring that the centre is operating a quality program. Primarily that means considering how best a child with a disability can be supported given the staff resources within, the external community resources without, and the legislative regulations which define ratios. *Within the centre* this requires engaging staff upon the child's enrolment and encouraging them to see the child in his or her own home to get a more comprehensive idea of the nature and extent of the support the child may require. It involves creating an atmosphere of flexibility where everyone contributes ideas for adapting both the environment and the program to include a new child rather than expecting the child to "fit in" to an established program. "Does the director know the name of each child?" is a question often posed to get a reading on the "tone" of the centre and the extent to which the administrator is involved in what is considered the essential work of the day. That does not diminish the necessary attention to paperwork, licensing standards, and fire and building safety standards—all components of administration that must be satisfied in order to keep the service operating.

Because government policy has not kept pace with the changing demands communities are placing on day care, the director's role as a spokesperson *outside the centre* can be very significant. She or he is in a key position to advocate for the needs of families looking for child care. In addition, she or he is well-placed to demand recognition of the critical factors—lower staff-to-child ratios and specialized equipment—that determine whether centres can respond positively to parents' requests for a space in a program.[15]

STAFF

Child care workers play a vital role in determining the success of an integrated program. There is widespread support for the position that the attitude of staff towards integration is the most critical factor in how well it works. Their own reactions and behaviour will be closely observed by all children and by parents; as such they provide very important **role models.**

Guidelines for Providing an Appropriate Role Model

- Apply rules fairly to all children and guard against the tendency to "make excuses" for the children with disabilities;
- Interpret a child's disability to other children honestly and positively. If possible, get the other children to play out having an impairment such as blindness themselves. In answer to the question, "Why is Michael different?" stress what he has in common with the child who asks the question; his progress may be much slower, but it is along the same lines as any child. Mention that while he has problems in some areas, he is very good at something else. Provide any inquisitive child with suggestions to help Michael make better progress;
- Avoid the tendency to overprotect children from the realities of life. Different experiences are essential to foster their independence;
- Be alert for any children who are overprotective of or who seem cruel to a child with a disability. These children may need special attention themselves.

Each staff member needs to explore his or her own attitudes about disabilities and must be particularly sensitive to the quality of interaction between children. This is particularly important in the beginning of the process when staff may be needed to facilitate social interactions among children. Peer tutoring, peer imitation, teacher modelling and direct instruction are commonly suggested techniques.[16]

Day care workers have a number of roles which are varied and which they switch frequently. [17] Regarding programming, day care workers are **instructors** and carry out the program as determined by the planning group; as **monitors,** they check on how well it is working and suggest variations. In social interactions, staff become **co-players,** getting to know the children well both individually and in small group settings. To keep children stimulated and enthusiastic, creativity is essential; at times they are nothing short of **entertainers**. As **materials managers** they must be adept at selecting and organizing the materials for play so children with a variety of abilities can participate. At all times they are **care-givers,** assisting with hygiene and self-help routines such as feeding and dressing, and attending to children who are ill or injured. Day care workers are **interpreters** of one child's disability to the other children, encouraging them to act out having an impairment themselves and stressing what all children share in common. They are **facilitators** as they develop ways of encouraging children to be inclusive in their play. Throughout all, they must also be **sources of security, warmth, affection, respect and valuing** for each child.

This list is not meant to be complete; instead, it speaks to the importance and the complexity of a child care worker or teacher's role in providing quality care for all children. In order to carry out their responsibilities competently, day care staff have to feel well supported by their administrators. A positive work atmosphere, the ability to share responsibility equally with co-workers, the feeling of being regarded as a professional, the ability to earn a fair and adequate salary and having parental support are important matters to all child care workers.

Another significant issue is that of **staff development**. Staff development begins at the college level with Early Childhood Education (ECE) programs. Courses covering the "social and learning characteristics of children with disabilities, environmental and instructional modifications in the classroom, and techniques for promoting social integration" [18] go a long way in integrating children with a mental or physical handicap in regular day care programs. Rather than implementing special education programs, teachers would adapt and modify activities that build on the child's strengths and abilities.

Once a teacher has the necessary qualifications and is employed in a day care centre, staff development takes on added importance.

Components of Effective Staff Development Efforts

- Addressing the needs and interests of individual staff members.
- Adopting a programmatic approach which focuses on day-to-day problems of implementation as opposed to one-time workshops which take place in different contexts from staff's daily work.
- Receiving strong support from administrators.
- Having opportunities for active staff participation in decisions regarding staff development goals and procedures.
- Enlisting systematically the involvement of all personnel whose work is either directly or indirectly affected.[19]

Parental involvement also requires a thoughtful, organized approach. In the past, parents have been left out of the early education process. Professionals who have worked successfully with parents of children with disabilities suggest the following ways to involve them in the child care program.

Guidelines for Professionals in Encouraging Parental Involvement

- Share information with the parents about the child and his or her program. Encourage questions, and share experience and expertise. If possible, visit parents in their own home.
- Find out from the parents about themselves, their interests and their needs. Parents of children with disabilities sometimes have particular needs themselves—such as for breaks and babysitters.
- Have parents help to plan programs and set goals for their child. Have the participate in the centre's program if possible. One child care centre found that parents realized that their daughter's "problematic" behaviour was not so significant when compared to other typically developing children of the same age.
- Parents may be keen observers of their child's behaviour but they may need assistance in interpreting their son or daughter's progress and problem areas.
- Provide opportunities for the parents to meet with other parents and share their experiences.
- Use and recommend reference material (see References).

PARENTS

Over the past two decades there has been a great deal more parental participation in planning for their children; professionals are less likely to take control and more likely to develop a partnership with the family. This reflects a changing consciousness about the pivotal role parents play not only in providing care themselves but also in shaping care provided outside their home. There is growing recognition of their expertise and what they have to offer. They are the ones who know their children best and have valuable information regarding their children's habits, reactions and preferences. By participating in individual planning meetings for their children, working jointly to set goals and priorities, watching progress and voicing their concerns, parents will enrich the experience for their children. Some parents will know this instinctively; some will have acquired this knowledge because of earlier experiences; others will need more support in order to play an active role.

Parents will be motivated to be involved when they have the opportunity to influence the program. They will also be motivated by meeting other parents. Sharing experiences with parents of children with disabilities is helpful in reducing a sense of isolation. Meeting other families who experience difficulties raising children provide proof that not all problems are caused by the existence of disability. Parents have a role to play in modelling a positive attitude to families for whom disability is a new experience. They can influence their own centre's policy by joining committees or the board; they can advocate for their children and others at day care meetings system-wide; they can organize mutual support groups and prepare for their own transition to dealing with the education system.

Parents who are in the process of choosing a specific day care centre for their child are faced with a variety of settings. It may be difficult for parents to know exactly what to look for and what qualities are important for providing a healthy, productive environment for a child. Appendix B on page 49 is a checklist of features of the day care environment which can be kept in mind and explored by parents who are choosing a group setting for their child.

Day care workers, directors, consultants, and therapists often express concern about how inclusion is progressing in their centres. They are committed to inclusion, but are searching for a framework, for a sense of direction about "what to do next". Appendix D on page 62 is a tool for sketching the inclusionary progress of a day care centre.

SUMMARY

In this chapter we have emphasized the importance of teamwork on the part of administrators, staff and parents to ensure the meaningful inclusion of children. While they need to work together, each player faces unique challenges and responsibilities.

The administrator

- Demonstrate leadership in integration within the centre and outside to the community.
- Create a positive work environment by assisting staff to value all children and to be informed as to developments in the field.
- Ensure the centre is operating a quality program by promoting the uniqueness of each child and engaging staff in the planning process.

The staff

- Create an atmosphere of acceptance.
- Provide a positive role model to other children, parents and visitors.
- Carry out the program and in so doing, fulfil numerous other roles ranging from instructor to entertainer to care-giver.
- Seek opportunities for staff development and revitalization.
- Create opportunities for parental involvement.

The parents

- Contribute their expertise on their child.
- Participate in planning for their child.
- Advocate for their child and others within and outside the program.

In these ways, administrators, staff and parents can contribute to the provision of day care that promotes the full inclusion and participation of children with disabilities.

CHAPTER 5

PROGRAM DEVELOPMENT AND IMPLEMENTATION

It has already been stressed that all children have the same basic physical and emotional needs, and that some children have other more specific requirements in addition to these basic needs. However, efforts must be made in any child care setting to ensure that both the basic needs and the specific requirements are addressed without one receiving less attention than the other. To ensure that both sets of needs are being met, a structured, individualized program is often designed to reinforce the regular day care routine. Achieving a balance between implementing an individualized program which meets the needs of one particular child and carrying out the overall day care program is a challenging but essential task.

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Another challenge is keeping important aspects of individualized plans in focus during each busy day. On one day care centre's notice board by the telephone, between a list of important phone numbers and words to a new song, is a sheet of computer paper with the following handwritten information:

> “**Things for Katherine:**
> More talking
> Connecting dots
> Cutting shapes
> Colouring in the lines
> Counting concepts: 1,2,3.”

These are suggestions taken from Katherine's individualized program. They are deliberately posted in a place where all staff will see them. The centre believes the plan should be actively carried out throughout the day by everyone involved with the children and incorporated in whatever activity they may be doing. There are, of course, many ways—some subtle, some obvious—of maintaining a focus on important accomplishments and the staff believe that they will be reminded to encourage Katherine to speak more if the reminder "More talking" is posted in an obvious spot. While Katherine's achievements are the subject of attention through her individualized plan, each member of staff understands the significance of communicating a tone of warmth, caring and respect so that every child's accomplishments and efforts are valued.

1. BASIC DEVELOPMENTAL NEEDS OF ALL CHILDREN

Every child has common needs which must be met in order that more complex goals can be set.

- **Basic diet**: A balanced diet is necessary for the physical and mental well being of children.
- **Good health care**: Promoting good health care in children at a young age leads to good health habits as children grow. Proper attention by day care staff to the health needs of their children is crucial to the prevention, treatment and control of diseases.
- **Safe environment**: A safe environment in which children can play, eat and sleep gives them the security to explore and learn from their surroundings. The physical, mental and social capabilities of children

will be strengthened if they are confident of their environment and of their care-givers.

- **Emotional needs**: Children need to feel accepted and valued; staff can promote this by demonstrating through their own behaviour and attitude a respect for and understanding of the children's needs. When they have confidence and a sense of security in their world, children are more likely to develop positive relationships with others.

- **Security**: A familiar place, a routine, and familiar people provide the security that children require. Consistency in the manner in which staff deal with behaviour and discipline contribute to children's sense of knowing what to expect.

- **Structure**: New experiences for children stimulate their intellectual growth. They need to be challenged by tasks appropriate to each stage of their development. The learning program must be structured to develop the children's initiative and competence as well as their sense of responsibility and consideration for others.

- **Freedom**: While children require structure and routine in their lives, freedom within that structure is essential. Their curiosity and their need to ask questions, observe and experiment must be recognized and encouraged within the program. Given opportunities to confront real problems, make choices and work out real solutions, children can risk making mistakes and learning from them within a safe environment surrounded by those they trust.

- **Challenges**: New experiences and achievable goals for children stimulate their intellectual growth and confidence, and provide them with stepping stones to reach new developmental levels. It is through play and participation in planned programs that children can be increasingly challenged to explore the world around them.

2. THE IMPORTANCE OF PLAY

In addition to their basic physical and emotional requirements, all children need **to play**. Various theories on the importance of play have been put forward. Some people feel that play is used by children to organize and integrate life experiences; others see play as the way for children to master their environment; still others emphasize that play develops children's creativity and increases their repertoire of responses.[20] No one can deny that play is essential for a child's development: it promotes intellectual, social, language and motor skills. To take a few examples, painting and colouring develop hand-eye coordination; puppet play encourages verbal skills and imagination; playing with blocks fosters cooperation and social skills. Teachers have long argued that what may appear to be "just playing" is actually children's work.

Day care workers have the challenging task of creating an atmosphere that promotes both spontaneous play in free-play periods and appropriately directed play in program time. In integrated day care, play requires particular attention. Katherine's list, while appearing to focus on play, contains the activities that the day care staff believe will help Katherine achieve the goals identified as part of her individual program plan.

THE INDIVIDUAL PLANNING PROCESS AND INDIVIDUAL PLANNING INSTRUMENTS

Before Katherine started day care there was a meeting of many of the significant people in her life as well as the director and a few staff. In this meeting, the people tried to create a picture that captured Katherine's uniqueness. Her parents had the opportunity to relay a typical twenty-four-hour day in Katherine's life; they also outlined her interaction and behaviour patterns and preferences and raised significant health and medical issues. A family support worker from the early intervention program described her involvement with Katherine as an infant. A neighbouring college student who was Katherine's babysitter spoke about the many things they did together, including a swim-and-gym program at the local recreation centre. Her speech therapist shared successful strategies for encouraging Katherine's communication skills.

The discussion was guided by a resource consultant whose job it was to facilitate the inclusion of Katherine in day care and determine what supports would be necessary for this to occur. Because of her preference for holding such meetings in the child's own home, recognizing the central role families play in this process, the gathering was held one evening to accommodate Katherine's parents' work schedules.

The planning group began by identifying Katherine's strengths and needs in a number of areas:

- personal attributes and relationships: social and interpersonal skills;
- communication: use and understanding of language, imitations of actions, sounds and words;
- movement and mobility: gross and fine motor skills;
- self-care skills: eating, drinking, dressing and undressing, toileting and grooming;
- educational: participation in play activities, understanding concepts about herself, others and their environment.[21]

These strengths and needs then became the basis for developing an individualized plan for Katherine. Planning instruments include Individual Development Plans; Individual Service Plans; Individual Education Plans; and Individual Program Plans. Irrespective of design, they can be useful tools for focusing on a person's strengths and needs and building a program, a service or an education plan around that particular person. In addition, this information on basic strengths and needs can be made accessible to all staff and therapists working with the child. An example of a needs inventory, developed by the Manitoba Child Day Care: Children with Disabilities Program, can be found in Appendix C on page 55.

In Katherine's case, the needs that were identified became the focus of the learning experience to take place. Her parents voiced their priorities from the perspective of what would suit the family; the day care centre considered their program and what they could accommodate; and together they agreed on long-term and short-term goals for Katherine to develop new skills. Structuring goals into attainable steps was crucial to the advances she would make. It fell to the day care workers to identify the incremental teachable steps for each goal and to find appropriate activities to help her learn. They also had to be constantly evaluating and watching for progress so that they could adjust the program and build in more challenges as signs of her achievement emerged.

This learning experience becomes the basis for the development of an individual plan that fits in with the complete curriculum of the day care. It influences different components of the centre's program:

1. **The daily schedule**. Organized activities such as water play, music circle, table activities and snack-time are sufficiently flexible to relate to the needs of any child. Different objectives for Katherine are written for each activity. For example, a short-term objective is to teach her to say one word in each verse during music circle, while the other children sing all the words.
2. **Group activities**. Each group activity must include different levels of difficulty so that any child with a disability can participate with success in at least part of the activity. The group leader must be aware of different levels of acceptability in each child's performance during the group activity. Katherine, for example, is praised for colouring within the lines while David is praised for drawing his own picture.
3. **Individual or small group skill training sessions**. This instruction takes place within the classroom but in a quiet corner of the room. It involves a low child-to-staff ratio in order to teach a specific skill; for example Katherine meets with her speech therapist, or with a member of the regular staff to work on her daily communication program between the therapist's visits. Frequently one other child will be included to ensure Katherine has the company of at last one of her peers.

After applying an individual planning process for children with disabilities in their centres, some directors have found the experience so beneficial they are beginning to structure programs for every child. This extension of the structured program makes sense, especially when many children develop "lags" in specific areas that were not evident when they first enrolled or become "hidden" by their typical development in other areas. In similar ways, many centres have found that, in meeting the challenge of programming for children with disabilities, the overall quality of programming has improved. Of benefit to children and staff in integrated settings has been the increased access to specialized resource personnel.

THE USE OF SPECIFIC RESOURCES

Any day care centre which includes children with disabilities will need the support and advice of different consultants in setting up and carrying out the objectives of the individual plan. The child may require a physio/occupational therapist or a speech therapist (see Glossary).

The challenge to day care staff and administrators is how to best organize the necessary provision of support. Traditionally, children who required specialized services were taken out of the classroom. It is now felt that this "pull-out" intervention disturbs the flow of the day, stigmatizes the child in the other children's eyes, and prevents him or her from participating in regular activities. Only when there is a need for large equipment, more space, or the facilities of an outpatient clinic can this pull-out be justified. In addition, other space may be needed if, in the case of speech therapy, the noise in the room is too loud for the therapist to hear articulation.

It is preferable that children receive the therapy they need right in the day care centre. And when physio/occupational therapists or speech therapists have to be more accessible, they develop a better sense of the overall day care environment and can plan more realistic programming. Consequently, any skills therapists would teach to the regular staff would have a direct application to the daily program and could prove beneficial to all children.

Many children with disabilities now entering day care have been referred from Infant Development Programs which identify children early so the effect of their disability can be minimized (also referred to as Early Intervention Programs; see Glossary). Infant development workers, who work with children under the age of three, are recognizing the growing number of women with young children working outside the home, and are becoming more responsive to care-givers other than parents, although there is still an emphasis on parents as central figures in the child's life. More program planning is taking place within child care centres. The expertise of infant development workers becomes a resource not only to the children they serve, but to the child care centre overall.

There has also been an recent expansion of resource consultants to day care who are responsible for promoting integration. Their role can include the provision of in-service training, support to staff in problem solving, facilitating Individual Program Conferences conferences, and coordinating services for families and helping them to think about "what is next".

TRANSITION ISSUES

Each stage in a child's development presents new challenges to parents and teachers or day care workers. Therefore, any planning program for a child's development must include preparation for major transitions. Parents who are well supported to be actively involved in the transition process gain knowledge and experience essential for their role as long-term advocates for their children. This will be beneficial when they face future transitions.[22]

1. Home to Day Care

For many parents the decision to seek care for their child is a difficult one. Whether it is to enable them to work or to provide social and educational benefits for their son or daughter, the fact that they will be giving up their role as primary care-giver and entering a shared arrangement will demand some adjustment. Staff can be supportive by keeping parents well informed of the daily activities of their child, based on the recognition that parents were used to having that degree of detail before they sought care outside their homes.

2. Infant Development Program to Day Care

Parents may find it difficult to leave the intimacy of a program and staff they have trusted, especially if their child is progressing well. Good preparation for a change in program can relieve parents of some of their anxiety. Some key components of transition planning include:

- looking ahead with parents to future alternatives well in advance of the time when their child has to leave the infant development program;
- arranging a visit to the preschool/day care setting;
- ensuring there is an up-to-date report on the child that can go forward to the new setting;
- coordinating the transition and providing follow-up.

3. Day Care to Kindergarten

As the child moves from day care to kindergarten, parents will have to face leaving a familiar, supportive setting where they've had the chance to influence their child's program. School represents new routines and a larger and less personalized setting. It also means parents are handing over their child to a big system. Their child will again be labelled to receive the necessary professional services[23] and many new people will enter their lives. They may encounter a teacher whose attitudes are not inspiring or whose inexperience with children with disabilities will leave him or her feeling awkward and uncomfortable at the thought of other professionals in the classroom. Key components in planning for the transition to school include:

- supporting the family to participate as equal partners and to expect that their child will participate in regular kindergarten and elementary school;
- preparing the child for the change;
- arranging for the designated teacher at the local school to meet the future student, the parents and day care staff to exchange information and begin to plan what supports may be necessary before the school year begins.

Parents whose children have had a positive integration experience at day care will now expect a high standard of instruction from the education system. They will have seen their children flourish; they will know irrefutably the significance of peers in stimulating their own child's motivation to learn better communication and better interaction at play. This powerful evidence, plus the advocacy skills acquired along the way, will prove valuable in the struggle ahead to secure full inclusion in the school-age years.

SUMMARY

This chapter has emphasized that all children have basic developmental needs requiring attention. Similarly, it has stressed that play is an important part of all their lives. Recognizing how much all children have in common is not to suggest, however, that the inclusion of children with disabilities means doing away with individualized instruction. An individualized planning process is the way in which individual goals are set and carried out within the overall program in the daily schedule, group activities and individual and small group instruction. Issues surrounding the use of specific resources are important to consider when striving to maximize a child's participation with others. Transitional periods can cause upset and stress, or they can be opportunities to support and strengthen a parent's ability to advocate for his or her child through the many challenges to come.

CHAPTER 6

LIFE ON THE FRONT LINE

These are some examples of situations that arise in the world of integrated day care. Ponder them, role play them, consider what you would do in similar circumstances. There are no right answers to each scenario. The best solutions will be those which are rooted in individual communities and based on local circumstances.

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SITUATION I

You are a child care worker in an integrated setting. A little boy in your group begins to show signs of hearing loss. His mom and dad have never mentioned anything and this child is not among those identified as requiring additional support.

Dilemma:

You are respectful of the need for discretion, yet you do feel you need to seek help for him. While you don't want to alarm his parents you also know that it would be wrong to act without involving them.

Questions:

- What steps can you take?
- How can you support the family?

SITUATION II

You are a mother whose five-year-old daughter is about to leave day care for kindergarten. For three years she had a teacher who, by working very closely with a speech therapist, was able to understand her communication and you were very happy with the progress you saw being made. You are worried that the progress won't continue once she is at school, which you see as a more formal system where you will likely have less influence. Yesterday you caught yourself lashing out at one of the staff whom you later overheard describing you as "stressed out" and "not coping".

Dilemma:

How do you let the staff most involved with your child know how stressful this change is for you?

Questions:

- What should the centre do to ease this transition for parents?
- What can you do to protect your daughter's interests in this move?
- What do you need for yourself to reduce the feelings of stress?

SITUATION III

You are a day care director who is very committed to parent input. At a recent program planning meeting, the family indicated their belief that the more individual staff attention their son could get the better they would like it and they explicitly asked for a one-on-one worker for him. However, the goal of your centre's integration program is to maximize child-to-child interaction, with staff time devoted to supporting peer, not adult, relationships.

Dilemma:

How do you respect the parents' choice and still adhere to the centre's goal?

Questions:

- What do you say to the parents' request now?
- What could you do to prevent this situation from occurring in the future?

SITUATION IV

You are a parent whose four-year-old daughter attends an integrated day care centre. Her physiotherapist thinks she should be learning how to put on her own coat. Putting on her coat, according to her self-help skills program, takes half an hour and that makes her late for day care. But her teacher insists she must be there on time or else she misses circle time, one of the most valuable parts of the day.

Dilemma:

Two parts of a seemingly inflexible system are pulling the parents in opposite directions.

Questions:

- Who is setting the goals for this child?
- Who is carrying them out?
- What would it take to consider the needs of the family and to set goals in a more reasonable and achievable way?

SITUATION V

You are a resource teacher who is coordinating specific services for a little boy who has just started day care. The occupational therapist (OT) only wants to treat him outside the classroom. She has scheduled his appointment during free play, a time which she feels he would not be missing anything important. You feel that he should not be removed at all but you also know that he needs the treatment.

Dilemma:

How do you secure the expert attention for the child but have it delivered in a manner that supports him *within* the program?

Questions:

- How do you explain the disadvantages of "pull-out"?
- How can you persuade the OT to share information and strategies, and even model her techniques for everyone?

SITUATION VI

You are a mother applying for a job where the boss wants you at work at 8:30 a.m. The day care won't accept children before 8:00 and you don't have a car.

Dilemma:

This very real predicament is difficult for anyone to solve. Add an additional factor—namely a child with a disability—and the early morning logistical problems are magnified.

Questions:

- What possibilities might there be for this to be solved?
- What do you need to have in place in order to consider taking the job?

SITUATION VII

You are a board member of a community day care centre. At a recent meeting, the director advised the board that the mother of a little boy who uses a wheelchair has made an application for him. The centre has never had a child with a disability in the program. The mother, well-known in the community for her work with a disability rights group, is determined that her son be admitted. The reason this has come to the board is because accepting him would involve some very costly renovations to the bathroom.

Dilemma:

The centre does have some additional funds raised through bake sales but these were intended for the long-overdue purchase of playground equipment. The cost of renovations to accommodate the boy would mean the purchase of any new play equipment could not be made until another year.

Questions:

- What do you advise the director to do?
- What is driving the consideration of this issue?
- If admitted, would the child be included on an equal basis with other children or because of his mother's advocacy skills?
- If refused admittance, what could the mother do? What could staff do?
- What would it take for the centre to adopt a policy to include the child?

SITUATION VIII

You are a staff member of a day care centre. You know one of the mothers has been labelled as having a mental handicap. You can see that she has a supportive case worker and some good parenting skills, yet you also sense that some of your colleagues judge her to be lacking the same capabilities as the other parents. She was not invited to participate in the last program planning meeting for her son. Furthermore, although her son does not have any disabilities and has not been identified as needing extra support, staff keep expecting that problems will develop and they treat him as though he were different.

Dilemma:

How do you convince your co-workers, who say they are concerned for the child's well-being, that the best way to help him flourish is by supporting his mother to be actively and knowledgeably involved in his care?

Questions:

- How can this mother be supported to participate in planning for her son?
- If staff feel this child is at risk, what measures would be appropriate in the circumstances?
- What are the implications for single parents, parents on welfare, and parents from different ethno-cultural communities?

CONCLUSION

In September 1990, Canada co-hosted the world's first summit to discuss the problems facing children. Leaders of seventy-three countries gathered at the United Nations headquarters in New York City for this event. Prior to the summit, Canada demonstrated its willingness to play a leading role in the preparation of the United Nations Convention on the Rights of the Child. The U.N. General Assembly adopted the Convention in January 1990 and Canada signed a few months later, indicating its intention to comply with the principles and ideals outlined in the Convention. But before it can be ratified, the laws and policies in federal, provincial and territorial governments must be reviewed to make sure they are consistent with the obligations articulated in the Convention.

The Convention protects the rights of children in three areas:

- those that relate to their physical and material well-being;
- those that seek their protection from abuse; and
- those that attempt to contribute to their full development.

These protections affect child care in important ways. The Convention the Rights of the Child, Article 2(1) states:

> State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Article 23(1) states:

> States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Each government participating in the summit presented to the United Nations a report reviewing the situation of its own children. The submission from Canada, entitled *Children of Canada, Children of the World*, included a section on Children with Disabilities, in which it was acknowledged that meeting the needs of such children was a challenge that still remained. But the report also claimed that, "In signing the Convention on the Rights of the Child, Canada has made a particular commitment to promote the dignity, self-esteem and participation of children with disabilities." [24]

In this manual we have shown that those noble ideals need not be merely visionary longings. In quality child care programs where all children are welcome, the achievement of "dignity, self-esteem and participation" is being demonstrated on a daily basis.

One measure of our success is that we have learned how to better support children so they truly can be meaningfully involved in their neighbourhood centres. Another measure is the growing number of children—who child care workers once considered too difficult to serve in a regular program—now well accepted because we have developed the competency to serve them.

That is not to deny that challenges lie ahead. Children with complex health care needs are becoming more visible in day care centres and their presence is stimulating discussion about the most appropriate ways to serve them and their families. The group of parents and children with HIV/AIDS is growing at a rate that will constitute a major challenge to services in the next few years. In addition, the differences and similarities across ethno-cultural communities in norms, values and attitudes concerning disability and inclusion represent a growing challenge to develop child care options that are sensitive to those variations while consistent with the rights and freedoms that prevail for all citizens.

The integration of children requires the integration of many parts of the system:

- parents and professionals must work closely as a team;
- there must be collaboration and unification in the provision of resources and services;
- the health, education and social services jurisdictions must enter into a deliberate integrated policy and planning approach, followed closely by the development of programs to reflect this focus.

Readers will know the job is not done when the day is over and children go home. Standing up for a child with a disability means speaking out, writing letters, going to meetings, and joining forces with those who share similar concerns. It involves opening the doors, demonstrating to other programs how integration works and influencing other agencies to fulfil their responsibilities to all children. Those child care centres which choose to become involved with integration take on a larger commitment to advocate for each child's right to enjoy active participation in community life and to realize the articles of the Convention. In so doing, they begin to recognize that solutions which address the needs of one particular child frequently work to the advantage of all children. The struggle for quality integrated child care can only be fully realized within a stable, comprehensive and well-funded child care system in Canada. As advocates, therefore, we must keep our sight fixed on quality child care for all.

NOTES

1 In this manual we will be referring to those people who work with young children as day care workers; child care staff or teachers. There is currently a wide range of designations based on provincial and territorial differences and variations in training. Many terms are used interchangeably across the country.

2 M. Friendly, L. Rothman, and M. Oloman, *Child Care for Canadian Children and Families* paper presented for Canada's Children: The Priority for the '90s —A National Symposium (Ottawa: 1991), p. 8.

3 Preschool (also known as nursery school) provides educational experiences for young children. Sessions generally operate a few mornings or afternoons a week.

Day care involves the physical care and supervision of young children while their parents are at work or school. Increasingly, programs are focusing on meeting children's developmental needs.

4 The principle of normalization first appeared in Danish law in 1959. It was reformlated and adapted for a North American audience by Wolf Wolfensberger in 1972.

5 Commission in Emotional and Learning Disorders in Children, *One Million Children —the CELDIC Report*, p. 471.

6 Ibid., p. 86.

7 Ibid., p. 470.

8 *Report of the Commission on Equality in Employment*, Judge Rosalie Silverman Abella, Commissioner (Ministry of Supply and Services, Canada: 1984), p. 192.

9 H. Clifford, "Child Care in Canada—1990",Vision, Vol. 10, p. 9.

10 National Council of Welfare, Child Care —A Better Alternative, p. 3.

11 Ibid., p.3.

12 World Health Organization, International Classification of Impairments, Disabilities and Handicaps (Geneva: 1989).

13 D. E. Papalia, and S. W. Olds, *A Child's World: Infancy Through Adolecence* (New York: 1991), pp. 204-205.

14 See M. J. Guralnick, and J. J. Groom, "Peer interactions in mainstreamed and specialized classrooms: A comparative analysis," *Exceptional Children* (1988) 54(5), pp. 415-425; also see M. J. Guralnick, (Ed.), *Early Intervention and the Integration of Handicapped and Non-Handicapped Children* (Baltimore, MD: 1978).

15 See M.J.Hanson,"Administration of private versus public early childhood special education program,"*Topics in Early Childhood Special Education* (1985), 5(1), pp. 25-28.

16 See K.Brophy, and S.Hancock, "The Role of the teacher in facilitating social integration," *Early Child Development and Care* (1988), Vol. 39, pp. 109-122.

17 L.A. Fleming, M.Wolery, C.Weinzierl, M.L.Venn, and C. Schroeder, "Model for assessing and adopting teachers' roles in mainstream preschool settings,"*Topics in Early Childhood Special Education* (1991) ,11(1), pp. 85-98.

18 S.L. Odom, and M.A. McEvoy, "Mainstreaming at the preschool level: Potential barriers and tasks for the field,"*Topics in Early Childhood Special Education* (1990), 10(2), p.48-61

19 M.C. Wang, E.D. Vaughan and J. A. Dytman, "Staff Development: A key ingredient of effective mainstreaming," *Teaching Exceptional Children*, (1985), 17(2), pp. 112 - 121.

20 See R.F. Cooke, A.Tessier and V.B. Armbruster, *Adopting Early Childhood Curricula for Children with Special Needs*, (1983), p. 146.

21 Early Childhood Options, Edmonton Northwest Child Care Society, Edmonton, Alberta.

22 P. Spiegel-McGill, D.J. Reed, C.S. Konig, and P.A. McGowan,"Parent Education: Easing the transition to preschool," *Topics in Early Childhood Special Education* (1990), 9(4), pp. 66-77.

23 M.C. Conn-Powers, J. Ross-Allen, and S. Holburn, "Transition of young children into the elementary education mainstream," *Topics in Early Childhood Special Education* (1990), 9(4), p. 91-105.

24 *Children of Canada, Children of the World*, p. 72.

APPENDIX A

GLOSSARY

Terminology used by professionals can be confusing when parents are trying to sort out what programs and services their child might need. The following is a description of terms most frequently used.

Early Intervention Programs/Infant Development or Infant Stimulation Programs

These programs are based on the belief that intervening in the first years of life can significantly ameliorate a child's disabling condition. Early identification is important. The program serves children who are disabled, disadvantaged and at-risk, from infancy until the age of three years. The approach is a structured learning process designed to overcome the barriers to development posed by a disability. There is an emphasis on parental involvement and the recognition that parents play a crucial role in their child's development. While the purpose of early intervention programs is to foster the progress of a child, the well-being of the family is also a program goal. Some infant development programs are conducted in the child's homes, others are centre-based and still others involve children in day care with infant development workers as a resource to the implementation of the program in the centre.

Occupational Therapy/Occupational Therapist

The occupational therapist (OT) initiates and improves the skills of a child in all areas of daily living. Assessments are made of the child's capabilities so that the occupational therapist can recommend suitable aids, adaptations and therapy. Adaptive devices can facilitate motor development, thereby increasing the child's ability to interact with her or his environment. The occupational therapist also has expertise in feeding and problems associated with feeding. Specific areas in which an OT can provide appropriate assistance include daily living skills, employment, self-help skills and leisure activities.

Physiotherapy/ Physical Therapy/ Physiotherapist

The physiotherapist (PT) focuses on the assessment and development of gross motor skills. An important resource to parents and others working with children with disabilities, the PT is able to design adaptive equipment for positioning a child so that he or she obtains the maximum benefit from his or her environment. Physiotherapists are able to design programs and provide training in such areas as lifting, exercises, movements, positioning, aids, and the therapeutic use of heat, vibration and water, as well as techniques used to correct posture and other physical functions.

Speech and Language Therapy/Speech and Language Therapist

Speech and language therapists are concerned with the communication skills of children and how they interact with their peers, family members, schools and communities. By assessing and analyzing the child's communication style, a speech therapist can assist parents and teachers in communication strategies to enhance language development. Their knowledge of muscles and nerves in the face and jaw can sometimes be applied to solving difficult feeding problems. Occasionally, someone with this expertise may be referred to as a speech and language pathologist.

Communications Specialist

These professionals can teach day care staff how to use "total communication" or "augmentative communication"—a combination of signing and talking with deaf and hearing impaired children, or the use of a Blissymbolics communication board with children who are unable to speak or who have not yet acquired language.

In-home Family Support/Out-of-home Family Support (Respite)

The demands associated with caring for a child with a disability can result in significant stress levels for the family. Care-givers and family members frequently claim that a break in the routine—time to attend to other children, a weekend away, doing the shopping alone—is enormously important to their well-being. In-home support can be provided by a neighbourhood teenager who can babysit or accompany the family on holidays to help with the child, a nursing attendant in the case of complex medical needs, or a homemaker to assist with the domestic responsibilities. Out-of-home support can be provided by another family with whom the natural family may become associated (sometimes referred to as an "associate family") and who may take the child for a weekend, or a community service agency that provides respite care for short periods of time either on a regularly scheduled or emergency basis.

Resource Teachers/Consultants/Integration Facilitators

An integrated program requires the involvement of professionals who facilitate the integration process. Some resource consultants promote integration by acting as the in-service educator who provides staff development on issues, concerns and methodologies. The resource person may be a case coordinator for families; he or she promotes inter-agency collaboration. An assessment specialist defines the child's strengths and needs and ensures the appropriate program is developed and evaluated. Some resource teachers work directly with children, modelling ways of interacting, or they may support staff with problems arising in the classroom. Other resource teachers may incorporate and implement an individual's plan within the centre's overall program, and work with families. In some centres these role are blended.

The terminology chosen by any centre to describe the person who performs some or all of these valuable roles reflects their own awareness about how to enhance the inclusion of a child with a disability. Titles range from resource consultant, resource teacher and integration facilitator to key worker and special needs worker. The latter two terms suggest an arrangement where there is a person designated to work with a particular kind of child. In the three former terms, it is the process of integration itself which becomes the responsibility of the worker.

APPENDIX B

CHOOSING A GROUP SETTING FOR YOUR CHILD

WHAT TO LOOK FOR WHEN CHOOSING A GROUP SETTING FOR YOUR CHILD

A. THE STAFF (TEACHER, CARE-GIVER)

Competent staff should be: warm and responsive with children; encouraging of intellectual growth and development; respectful of the child's individual needs; able to cope with the demands of caring for children; consistent and fair in disciplining them.

1. Do the staff smile and look directly at the children when talking with them, establishing eye-to-eye contact?
2. Do the staff appear to be physically relaxed with the children when touching, talking with or approaching them?
3. Do the children appear to trust the staff and freely turn to them for help, information and comfort?
4. Where do the staff appear to spend most of their time: working with children, arranging materials, talking with other staff in the program?
5. Do the staff guide children in using toys, material or equipment?
6. Do the staff ask children yes or no questions more often than questions that require creative, thoughtful, or imaginative answers which stimulate children's language and thought?
7. Do the staff give the children enough time to respond to a question?
8. Do the staff allow and encourage decision making by the children?
9. Do the staff have a set routine or schedule organized for the children? Are you pleased with the schedule? Does the routine allow for a variety of needs to be met?
10. Do the staff's expectations and treatment differ for girls and for boys?
11. Do the staff label children or gossip about their families?

12. Do you think the staff will be able to meet the special needs of your child (e.g., developing individual educational programs and assessments, utilizing resources such as physiotherapy)?
13. Do the staff seem to be easily hassled if things are not going right?
14. Do the staff reward and discipline a child? Are you comfortable with these methods? Are they consistent with your own? Are expectations realistic for the developmental age of the child?
15. Is the staff's talk with the children heavily sprinkled with DOs and DON'Ts?
16. Do the staff **immediately** mediate potentially explosive situations such as fights over toys, name calling, or physical aggressiveness?

B. THE ENVIRONMENT

A program's environment includes both the interactions of people and the arrangement and organization of space and materials.

1. Are there too many children in the group?
2. Do the children appear to be comfortable and free with other children in the group? Or are there numerous fights and disturbances?
3. Do the children encourage one another, appear to play well with others in the group, work cooperatively among themselves?
4. Small groups and/or individual adult attention are very important to young children. Are there enough qualified people so that the individual needs of your child will be met?
5. Check the following physical features:
   No sharp edges on furniture.
   Wall plugs covered and extension cords not overloaded.
   Detergents, medications, and sharp instruments out of reach. (Ask!)
   Stairs and low windows adequately protected.
   Sufficient lighting and adequate cleanliness.
   Outside play areas safe from traffic.
   Staff trained in basic first aid (CPR).
   Procedures for emergencies established and posted.
6. Is there enough space for the number of children? Is it divided? Is there an outdoor play area?
7. Are furniture and equipment arranged in such a manner that your child can crawl, walk and explore freely?
8. Are there spaces in the setting for children to work or play quietly and actively with materials and equipment? Are a variety of needs being met at the same time?

9. Are there adequate areas and facilities for children to rest and sleep?
10. Are there special areas for a variety of activities: blocks, reading, dress up, arts and crafts? Are the potentially noisy and active areas—blocks, jungle gyms, house-keeping corner—separated physically from quiet areas—reading, puzzles, art centres?
11. *Sufficiency* of materials.
    Are there adequate materials to satisfy the needs of the group?
    Do you notice a large number of children struggling for the same materials or having to wait for more than five minutes to use them?
12. *Variety* of materials.
    Are there toys and materials for activity times (hoops, balls, wagons, trikes, large climbing blocks)?
    Are there toys and materials for quiet times (puzzles, trucks, dolls).
    Are there shaping materials (clay and blocks)?
13. *Accessibility* and *organization* of materials.
    Are the toys and materials within easy reach of the children?
    Are the materials neatly arranged so children can tell where things are located and what is available for them to use?

C. DANGER SIGNS

Any of these signals should alert you to possible serious problems:

1. You are not asked to visit the program or encouraged to ask specific questions about what your child will do during the day. You need to observe a program several times before you have an accurate notion of what is going on.
2. The children move about the program without any guidance from the adult for thirty minutes or more: they have no apparent involvement with anything or anyone.
3. The staff do not respond to the children. They look past them when talking to them and give the general impression of not caring about or responding to the children's presence.
4. The staff's voices often sound angry or cross.
5. The staff seem overwhelmed with the work and responsibility of caring for children.
6. The staff are physically rough and abuse the children.
7. The centre is dirty and/or unsafe. The staff are messy or sloppy in physical appearance.
8. Your child appears unhappy and suddenly doesn't seem to be eating or sleeping well and doesn't have much enthusiasm for play with you, other children and his or her toys. Your child may be reluctant or refuse to go to day care.

AREAS OF PARTICULAR IMPORTANCE: DISABILITIES

A. DAY CARE PHILOSOPHY

The board, staff, parents and volunteers at the preschool/day care believe that:

- children with special needs are children first and that opportunities for learning should be available for all children;
- children with special needs, regardless of the severity of handicap, have the potential to benefit from developmental activities;
- children with special needs benefit from interaction with non-handicapped peers;
- the family is the main support and advocate for the child, and their needs and priorities must be recognized and respected.

Accessibility

The preschool/day care is close to your home:

- within walking distance
- within a ten to fifteen minute drive.

If you cannot take your child to preschool/day care, the school facilitates the coordination of:

- parent car pools
- volunteer drivers
- school bus.

The preschool/day care is physically accessible:

- few or no steps
- washrooms close to classroom
- suitable classroom and playground equipment and toys.

Hours of operation of preschool/day care are convenient or flexible enough:

- for your child to attend
- for you to observe and participate
- for you to attend meetings with teachers and other staff or for your child's consultant (e.g., physiotherapist) to participate.

B. PARENT INVOLVEMENT

Your priorities for your child's educational needs are incorporated into the preschool/day care setting:

- staff have a regular and formal system to set goals for preschool/day care activities
- you participate in setting these goals
- a structure exists to resolve differences of opinion.

You are assisted in providing home activities for your child:

- the day care/school communicates regularly with you regarding your child's development by:
    - daily lunch-bucket notes
    - informal but regular talks with the teacher
    - formal weekly or monthly meetings
    - written reports on your child
- staff are willing to share teaching strategies with you and to help you plan a home program
- staff are available to visit you in your home to observe and to offer suggestions when necessary for home activities.

You have opportunities to acquire information and skills that may benefit your child:

- the preschool/day care provides parent education workshops which focus on priorities set by parents
- the preschool/day care encourages parents to attend educational programs sponsored by other agencies.

You have a range of opportunities to participate in the preschool/day care program:

- to observe your child in the classroom
- to volunteer as an aide in the classroom or in other preschool/day care activities
- to establish, review and monitor preschool/day care policies
- to participate in ongoing evaluation relating to staff and preschool/day care program.

C. STAFF TRAINING

- Staff have thorough knowledge of normal growth and development in young children.
- Staff have the qualifications and skills to meet your child's special needs and/or are willing to find resources to assist you in developing a program.
- Staff encourage the involvement of community resources (e.g., physiotherapy), when appropriate, in planning a program for your child and they incorporate specialist input into daily home/school activities.
- Staff have opportunities to further their education through in-service training, workshops or other educational avenues.

Staff recognize the importance of providing a range of options for parent involvement in the preschool/day care program and structure services to facilitate this.

Staff are able to establish and maintain a good working relationship with parents.

D. PROGRAM COMPONENTS

- Your child's needs are continually evaluated.
- Functional assessments are used in such a way that they accurately reflect your child's abilities.
- The program emphasizes the development of social, communicative, and cognitive skills.
- The program focuses on your child's strengths and interests, and activties are planned which build on these.

Developed and adapted from:

Dana Brynelson. (1984). *Working Together: A handbook for parents and professionals.* Vancouver, British Columbia: National Institute on Mental Retardation and British Columbians for Mentally Handicapped People.

APPENDIX C

INVENTORY OF CHILDREN'S NEEDS

NAME OF CHILD: ____________________

BIRTHDATE: ____________ DATE OF INVENTORY: ____________

COMPLETED BY: ____________________

AGENCY (OR CENTRE): ____________________

Put a checkmark beside the most appropriate number within each category. If a child has no particular needs in a category, mark as "age appropriate". This inventory may be completed by a referring agency, resource agency, day care staff, parents, or others working with the child. It is useful to people working with the child as a functional assessment and a guide for programming.

A. Medical Needs

☐ 0. Age appropriate
☐ 1. Monitoring or administration of medication, diet, blood sugar, etc. (e.g. diabetic child, controlled seizure disorders, breathing exercises) during time in day care
☐ 2. Ongoing monitoring needed or care of life support systems (e.g. tube feeding, catheterization, I.V., suctioning, uncontrolled seizure disorder)

B. Sensory Needs

☐ 0. Age appropriate
☐ 1. Mild dysfunction in use of basic senses
☐ 2. Moderate dysfunction in use of basic senses
☐ 3. Severe dysfunction in use of basic senses

INDICATE SENSORY AREAS INVOLVED

☐ a) visual
☐ b) auditory
☐ c) tactile

C. Mobility

☐ 0. Age appropriate
☐ 1. Needs assistance on stairs or outdoor play structures
☐ 2. Crawls, walks with unsteady gate, uses crutches—needs to be watched to ensure safety
☐ 3. Wheelchair or walker self-propelling—needs to be watched to ensure safety, needs assistance sitting in a chair
☐ 4. Not mobile—needs assistance to move

D. Toileting

☐ 0. Age appropriate
☐ 1. Assistance in use of toilet
☐ 2. Diapering required
☐ 3. Toilet training in progress

E. Dressing

☐ 0. Age appropriate
☐ 1. Verbal reminders and guidance
☐ 2. Periodic or partial assistance
☐ 3. Cannot dress self

F. Eating

☐ 0. Age appropriate
☐ 1. Verbal reminders and guidance
☐ 2. Learning to eat; needs guidance and monitoring to ensure child eats enough
☐ 3. Constant supervision for feeding to ensure physical safety

G. Ability to Play

- ☐ 0. Age appropriate
- ☐ 1. Can play if guided to join activity
- ☐ 2. Can play if adult actively intervenes to include child in the play
- ☐ 3. Can play by self but will not play near or with other children; has had limited contact with other children
- ☐ 4. Unable to play with other children, becomes easily overwhelmed or aggressive

H. Attention and Concentration Skills

- ☐ 0. Age appropriate
- ☐ 1. Verbal guidance needed to engage in tasks and activities
- ☐ 2. Needs active guidance to develop interest in tasks, has difficulty in focusing on activities
- ☐ 3. Short attention span, flits among activities, severely limited in ability to focus on an activity or task

I. Fine Motor or Perceptual Motor Skills

- ☐ 0. Age appropriate
- ☐ 1. Verbal guidance needed to follow instructions and make use of materials, some adaptation of materials is needed
- ☐ 2. Active guidance needed to use materials, limited coordination or fine motor skills
- ☐ 3. Needs intensive guidance, repetitive exercises to develop skills and coordination, or incapable of many fine motor activities

J. Communication Skills

- ☐ 0. Age appropriate
- ☐ 1. Adequate receptive language but immature use of language or articulation—needs language enrichment program
- ☐ 2. Delayed expressive language—needs active guidance in use of words and concepts
- ☐ 3. No expressive language but has some receptive skills—needs active assistance to develop communication
- ☐ 4. Severe communication disorder (receptive and expressive)—needs multimodal approach, direct assistance to communicate

K. Cognitive Skills

☐ 0. Age appropriate
☐ 1. Moderate delay, some difficulty learning new tasks, needs verbal guidance
☐ 2. Substantial delay in all areas, difficulty learning new skills, needs active guidance, concrete goals and assistance for learning
☐ 3. Severely limited ability to learn or learning resistant, needs very concrete goals and direct motivation to learn

L. Transitions (child's ability to change activities)

☐ 0. Age appropriate
☐ 1. Verbal reminders
☐ 2. Some behavioural reactions, needs longer adjustment period
☐ 3. Severe difficulty with transitions

M. Social Skills

☐ 0. Age appropriate
☐ 1. Responds to verbal prompting, needs help to plan and structure free play, needs guidance to be socially appropriate
☐ 2. Active intervention needed for turn-taking, sharing, or intervention due to withdrawn behaviour or aggression but can respond to limits
☐ 3. Major difficulties responding to limits, aggressive to self or others, often refuses to comply, very isolated from other children

N. Emotional Needs

☐ 0. Age appropriate
☐ 1. Needs help to develop trusting relationship
☐ 2. Appears to have an unmet need for nurturance, needs higher frequency of physical contact
☐ 3. Will not accept nurturance or allow physical contact

O. Intervention Expectations for Day Care Program

Note: more than one box can be checked off

- ☐ 0. Use age appropriate age group
- ☐ 1. Integrate into ongoing program
- ☐ 2. Small group sessions focused on a task—one to three times per day, focused on individual program goals
- ☐ 3. Individual time with child, one to three times per day, focused on individual program goals
- ☐ 4. Individual time with child more than four times per day, in a group or individually

P. Community Support

Note: more than one box can be checked off

- ☐ 0. None needed at present time
- ☐ 1. Staff time needed to teach staff in centre to carry out child's program
- ☐ 2. Staff time needed to communicate to agencies and parents about day care's activities with child
- ☐ 3. Staff time needed to attend child's professional treatment sessions
- ☐ 4. Active support to parents (e.g. in-home supervision, parenting, guidance, frequent meetings) is expected to be done by day care staff.

Q. Areas of Intervention Needed

Note: not every child needs or would benefit from these intervention areas. Please complete by checking boxes to indicate area of intervention needed or being carried out.

☐ **Physiotherapy:**

a) Name of PT: ____________________

b) Agency: ____________________

c) Time and method of intervention: ____________________

____

d) Areas needing development: ____________________

____

This chart can also be used for the following areas:

☐ Occupational Therapy
☐ Language Development
☐ Cognitive/Behavioural Skills
☐ Self-Help Skills
☐ Social/Emotional Adjustment

R. List treatment sessions occurring for child, including day and time.

S. Areas of intervention needed in the home to support day care placement. Attach assessment reports if available.

T. Additional comments.

From *Children with Disabilities Program Guide* (1990). Manitoba Family Services—Child Day Care. (Winnipeg, Manitoba). Reprinted with permission.

APPENDIX D

SKETCH YOUR MAINSTREAM PROFILE

Daycare workers, directors, consultants, and therapists often express concerns about how mainstreaming is working in their centres. They are committed to mainstreaming, but are searching for a framework, for a sense of direction about "what to do next". The following exercise is a tool for sketching the Mainstream Profile of your own centre.

HOW TO SKETCH YOUR MAINSTREAM PROFILE

Circle the number that most closely describes your centre's present situation. In all cases, we are talking about children with special needs and we are dealing with a mainstream setting (that is, a centre that includes children with special needs but one in which these children are no more than twenty per cent of the centre's population). Circle one number under each heading below.

A. Physical Environment and Disability

1. No modifications for children with disabilities.
2. Minor modifications (e.g., placement of furniture).
3. Minor permanent modifications.
4. Substantial permanent modifications.
5. Entire physical space has been modified/redesigned.

B. Equipment and Materials

1. No adaptations or special equipment and materials for disability.
2. Informally adapted typical toys and supplies.
3. Special items used only during pull-out.
4. Special items shared with typical children during pull-out.
5. Special items integrated into entire program.

C. The Director and Mainstreaming

1. Expresses no interest in mainstreaming.
2. Expresses willingness to mainstream.

3. Displays knowledge and enthusiasm about mainstreaming; not directly involved.
4. Actively involved in the mainstreaming program.
5. Advocates in the centre and in the community for high quality day care for all children.

D. Staff Support

1. Little or no consultative assistance.
2. Scheduled consultative assistance.
3. Reduced staff-to-child ratio or extra staff.
4. Both consultation and reduced staff-to-child ratio and extra staff.
5. Level of consultative assistance and ratios flexible to individual child's needs.

E. Staff Training

1. No staff with specialized training.
2. One worker partially trained in special needs.
3. One worker fully trained in special needs.
4. One worker fully trained in special needs; some staff involved in specialized workshops, in-service training.
5. One worker fully trained in special needs; almost all staff have some training in special needs; on-going, scheduled in-service training.

F. Therapies: Physiotherapy (PT), Occupational Therapy (OT), Speech & Language (S&L), Behavioural

1. No obvious therapies provided.
2. Provided at clinic; no coordination with centre.
3. Provided in clinic and/or centre in pull-out space. Therapist delegates daily follow-up to staff.
4. Provided in group setting or in combination with pull-out; daily follow-up is planned between therapist and staff.
5. Provided in group setting; goals and follow-up developed collaboratively by staff, parents, and therapists.

G. Individual Program Plans (IPP)

1. Children with disabilities present, but no IPPs.
2. IPPs used in one-to-one pull-out sessions developed by resource teacher (RT) or consultant.
3. IPPs used in one-to-one pull-out sessions; developed by RT/consultant, with substantial staff/parent input.
4. IPPs used in pull-outs, other children participate; developed by RT/consultant, with substantial staff/parent input.
5. IPPs used in regular group setting; rare pull-outs; developed collaboratively by RT/consultant, staff, parent.

H. Parents of Children with Disabilities

1. Children in program, but parents play no role.
2. Parents receive progress information.
3. Parents provide input for IPPs; participate in regular meetings about child.
4. Parents active in decision making for child; possibly on centre committee or board.
5. Parents active in decision making; play advocacy role in the community.

I. Involvement of Typical Children

1. Rarely interact with children with disabilities.
2. Occasionally interact with children with disabilities.
3. Thematic materials about special needs embedded in circle, story book selection, small group time.
4. Typical children included as peer models in pull-out times.
5. Social integration is facilitated at all times.

J. Board of Directors and Other Similar Units

1. Has not addressed the issue of mainstreaming.
2. Agrees to inclusion of children with disabilities.
3. Has formal policy on inclusion of children with disabilities.
4. Promotes mainstreaming in the community.
5. Advocates in the community for high quality day care for all children.

To sketch you centre's Mainstream Profile, choose the number that most closely describes your situation. Next, add up the numbers circled and divide the total by ten.

- A score of 1 means you are just beginning.
- A score of 2 means you have taken the Heart Step, wherein you have met your first child with a disability and said, "We have to include this child."
- A score of 3 suggest that your centre is on or near the Diagnostic/ Clinical Step.
- A score of 4 means that you are at the Transition Step, probably with some characteristics of 3, some of 4, and some of 5, the Full Main stream Day Care Step. You may have a fully involved board of directors, a staff of trained specialists and facilitated social integration at all times. However, your centre's director may not yet be a public advocate for high quality day care and, possibly, therapies may not yet be provided in group settings, with goals and follow-up developed collaboratively.
- A score of 5 describes an ideal mainstream setting. Often such a setting seems out-of-reach: the building cannot be extensively modi fied; therapies are only delivered at the clinic. On a day-to-day basis, you do the best you can, working to achieve the highest level possible in each category. But as an advocate you might, for example, begin to lobby for a better building or help to organize workshops on centre-based therapies. Remember this is a rough sketch, but that the higher the number in each category, the more completely the children are mainstreamed.
- A score of seven or more answers at the same number suggests a high "harmony index" in the mainstreaming program—a likelihood that the main factors are compatible with each other. A few answers lagging behind the others suggest room for improvement to in-service training, liaison work, etc. A few items leading the others suggests that your program is beginning to move to another level; this is often a source of stress but also a reason to celebrate.

The point is, there are as many profiles as there are day care centres. A quick fix on your own centre might prove valuable—to you, to parents and certainly to those who provide therapies in your centre.

Developed by: SpeciaLink: The Day Care Mainstream Information Network

REFERENCES

Brynelson, D. (May 1990). *Historical Perspective on Infant Development Programmes in Canada*. Paper presented at the Atlantic Conference on Early Intervention: Current Issues and Future Directions, Halifax, N.S.

Children of Canada, Children of the World. (1990). Canada's National Paper for the World Summit for Children. Ottawa, Ontario: Health and Welfare Canada.

Clifford, H. (1990) Child Care in Canada - 1990. *Vision*, 10 (April).

Cook, R.E., Tessier, A., and Armbruster, V.B. (1987). *Adapting Early Childhood Curricula for Children with Special Needs* (2nd ed.). Columbus, OH: Merrill Publishing Company.

Healy, A., Keesee, P.D., and Smith, B.S. (1989). *Early Services for Children with Special Needs: Transactions for family support* (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Co.

Martin, S. (1987). *Sharing the Responsibility: Report of the special committee on child care*. Ottawa, Ontario: Queen's Printer.

Mitchell, Margaret. (1987). *Caring for Canada's Children: A special report on the crisis in child care*. Ottawa, Ontario: House of Commons.

National Council of Welfare. (1988) *Child Care: A better alternative*. Ottawa, Ontario: Minister of Supply and Services Canada.

Odom, S.L., and Karnes, M.B. (Eds.). (1988). *Early Intervention for Infants and Children with Handicaps*. Baltimore, MD: Paul H. Brookes Publishing Co.

Report of the Commission on Equality in Employment. (1984). Judge Rosalie Silverman Abella, Commissioner, Ministry of Supply and Services, Canada.

Roeher Institute ,The. (1992).*Right Off the Bat: A Study of Inclusive Child Care in Canada*. North York, Ontario: The Roeher Institute.

Souweine, J., Crimmins, S., and Mazel, C. (1981). *Mainstreaming Ideas for Teaching Young Children*. Washington, D.C.: National Association for the Education of Young Children.

SpeciaLink. (1990). 1(1); (1991). 2(1); (1991). 2(2).

Status of Women. (1986). *Report of the Task Force on Child Care*. Ottawa, Ontario: Minister of Supply and Services.

Thurman, S.K., and Widerstrom, A.H. (1990). *Infants with Special Needs: A developmental and ecological approach*. (2nd ed.). Baltimore, MD: Paul H. Brookes Publishing Co.

Williams, J. (1975). Reflections on an integrated preschool program. *Boston Association for the Education of Young Children*, 24(2).

World Health Organization International Classification of Impairments, Disabilities and Handicaps. (1980). Geneva, Switzerland.

Zigler, E.F., and Lang, M.E. (1991). *Child Care Choices*. Toronto: Collier Macmillan Canada Inc.

ADDITIONAL REFERENCES

Journals

The Canadian Journal of Education. Canadian Society for the Study of Education, #205 - 1 Stewart St., Ottawa, Ontario K1N 6H7.

The Canadian Journal of Special Education. The Centre for Human Development and Research, c/o Faculty of Education, University of British Columbia, Vancouver, British Columbia V6T 1W5.

Exceptional Children. Official Journal of The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091-1589.

Exceptional Parent. 1170 Commonwealth Avenue, Third Floor, Boston, Massachusetts 01234.

Teaching Exceptional Children. The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091-1589.

Topics in Early Childhood Special Education. PRO-ED, 8700 Shoal Creek Boulevard, Austin, Texas 78758-6897.

Newsletters

SpeciaLink. The Day Care Mainstream Information Network, 186 Prince Street, Sydney, Nova Scotia B1P 5K5.

Vision. The Canadian Day Care Advocacy Association, 323 Chapel Street, Ottawa, Ontario K1N 7Z2.

SELECTED BIBLIOGRAPHY

Administrative issues

Browne, N., Corbett, A., Gallant, D., and Thompson, E. (1985). Direct home services program: Service plan for a community-based developmental service. *Canadian Journal on Mental Retardation*, 35(2), pp. 8-12.

Hanson, M.J. (1985). Administration of private versus public early childhood special education programs. *Topics in Early Childhood Special Education*, 5(1), pp. 25-28.

Linder, T.W. (1983). *Early Childhood Special Education: Program development and administration*. Baltimore, MD: Paul H. Brookes Publishing Co.

Manitoba Child Day Care. (1990). *Children with Disabilities—Program Guide*. Winnipeg, Manitoba: Manitoba Family Services.

McDonnell, A., and Hardman, M. (1988). A synthesis of "best practice" guidelines for early childhood services. *Journal of the Division of Early Childhood*, 12, pp. 328-341.

Nordyke, N.S. (1982). Improving services for young, handicapped children through local, interagency collaboration. *Topics in Early Childhood Special Education*, 2(1), pp. 63-72.

Saskatchewan Association for Community Living. (1989). *Saskatchewan's Early Childhood Home Based Intervention Program* (ECIP): Standards and guidelines. Saskatoon, Saskatchewan: SACL.

Curricula and assessment

Brown, J.F. (Ed.). (1983). *Curriculum Planning for Young Children*. Washington, D.C.: National Association for the Education of Young Children.

Cook, R.E., Tessier, A., and Armbruster, V.B. (1987). *Adapting Early Childhood Curricula for Children with Special Needs* (2nd Ed.). Columbus, OH: Merrill Publishing Company.

Derman-Sparks, L., and the A.B.C. Task Force. (1989). *Anti-bias Curriculum: Tools for empowering young children.* Washington, D.C.: National Association for the Education of Young Children.

Devenney, S. (1983). Curriculum and effective instruction: Challenges for early childhood special educators. *Topics in Early Childhood Special Education,* 2(4), pp. 67-83.

Hendrick, J. (1990). *Total Learning Developmental Curriculum for the Young Child.* (3rd Ed.). Columbus OH: Merrill Publishing Company.

Jones, H.A., and Warren, S.T. (1991). Enhancing engagement in early language teaching. *Teaching Exceptional Children,* 23(4), pp. 48-50.

McAllister, J.R. (1991). Curriculum-based behavioral interventions for preschool children with handicaps. *Topics in Early Childhood Special Education,* 11(2), pp. 48-58.

Mapes, M.K., Mapes, J.C., and Lian, M.J. (1988). *Education of Children with Disabilities from Birth to Three: A handbook for parents, teachers and other care providers.* Springfield, IL: Charles C. Thomas.

Mori, A.A., and Neisworth, J.T. (1983). Curricula in early childhood education: Some generic and special considerations. *Topics in Early Childhood Special Education,* 2(4), pp. 1-8.

Paasche, C., Gorrill, L., and Strom, B. (1990). *Children with Special Needs in Early Childhood Settings.* Menlo Park, CA: Addison-Wesley Publishing Co.

Reike, J.A., and Lewis, J. (1984). Preschool intervention strategies: The communication base. *Topics in Language Disorders,* 5(1), pp. 4-57.

Rule, S., Stowitschek, J.J., Innocenti, M., Striefel, S., Killoran, T., Swezey, K., and Bozwell, G. (1987). The social integration program: An analysis of the effects of mainstreaming handicapped children into day care centers. *Education and Treatment of Children,* 10, pp. 175-192.

Seefeldt, C., and Barbour, N. (1990). *Early Childhood Education: An introduction.* Columbus, OH: Merrill Publishing Company.

Thurman, S.K., and Widerstrom, A.H. (1990). *Infants with Special Needs: A developmental and ecological approach*. (2nd Ed.). Baltimore, Maryland: Paul H. Brookes Publishing Co.

Wend, K., and Gil, L.L. (1985). *Linking Environment Design and Curriculum*. Seattle, WA: Northwest Centre Child Development Program. (ERIC Document Reproduction Service No. ED 268 729).
Thompson Whaley, K., and Bennett, T.C. (1991). Promoting engagement in early childhood special education. *Teaching Exceptional Children*, 23(4), pp. 51-54.

Day care

Child Care Consultation Panel. (1988). *We Care: Yukoners talk about child care*. White Horse, Yukon: Author.

Davidson, D. (1990). Child care as a support for families with special needs. *Young Children*, 45(3), p. 47.

Fink, D. (1987a). Child care dilemma: Family day care: An option for parents. *The Exceptional Parent*, 17(2), pp. 18-21.

Fink, D. (1987b). Child care dilemma: Schools begin to respond. *The Exceptional Parent*, 17(3), pp. 54-59.

Fink, D. (1987c). Day care dilemma: Austin: A community responds. *The Exceptional Parent*, 17(4), pp. 42-46.

Joe, Margaret. (1989). *Working Together: A child care strategy for the Yukon*. Whitehorse, Yukon: Health and Human Resources.

National Council of Welfare. (1988). *Child Care: A better alternative*. Ottawa, ON: Minister of Supply and Services Canada.

Ontario Ministry of Community and Social Services. (1987) *Integrating Children Experiencing Special Needs in Day Nurseries: A background report*. Toronto, ON: Queen's Printer for Ontario.

Status of Women Canada. (1986). *Report of the Task Force on Child Care*. Ottawa, ON: Minister of Supply and Services.

Wilson, R.A. (1988). *Mainstreaming in Day Care Programs: Why and how*. Toledo, OH: Toledo Public Schools.

Early intervention

Bailey, D.B., Jr., and McWilliam, R.A. (1990). Normalizing early intervention. *Topics in Early Childhood Special Education*, 10(2), pp. 33-47.

Bailey, D.B., Jr., and Simeonsson, R.J. (1989). Home-based early intervention. In S.L. Odom and M.B. Karnes (Eds.). *Early Intervention for Infants and Children with Handicaps*. Baltimore, MD: Paul H. Brookes Publishing Co., pp. 199-215.

Bickman, L., and Weatherford, D.L. (Eds.). (1986). *Evaluating Early Intervention Programs for Severely Handicapped Children and their Families*. Austin, TX: PRO-ED, Inc.

Carpenter, C.L. (1989). The search process: Choosing an early intervention program. *Exceptional Parent*, pp. 30-37.

Dunst, C.J. (1985). Rethinking early intervention. *Analysis and Intervention in Developmental Disabilities*, 5(1/2), pp. 165-201.

Guralnick, M.J. (Ed.). (1978). *Early Intervention and the Integration of Handicapped and Non-Handicapped Children*. Baltimore, MD: University Park Press.

Hanson, M.J. (1985). An analysis of the effects of early intervention services for infants and toddlers with moderate and severe handicaps. *Topics in Early Childhood Special Education*, 5(2), pp. 36-51.

Melberg, K. (1986). Reaching the children of Saskatchewan's north. *entourage*, 1(4), 26-33.

McLean, M., and Hanline, M.F. (1990). Providing early intervention services in integrated environments: Challenges and opportunities for the future. *Topics in Early Childhood Special Education*, 10(2), pp. 62-77.

Norris, J.A. (1991). Providing developmentally appropriate intervention to infants and young children with handicaps. *Topics in Early Childhood Special Education*, 11(1), pp. 21-35.

Odom, S.L., and Karnes, M.B. (Eds.). (1988). *Early Intervention for Infants and Children with Handicaps*. Baltimore, MD: Paul H. Brookes Publishing Co.

Ontario Ministry of Community and Social Services. (1982). *Survey of Infant Stimulation Programs in Ontario*. Toronto, ON: Author.

Paget, K.D. (1991). Early intervention and treatment acceptability: Multiple perspectives for improving service delivery in home settings. *Topics in Early Childhood Special Education*, 11(2), pp. 1-17.

Peterson, N.L. (1988). *Early Intervention for Handicapped and At-Risk Children*. (Rev.Ed.). Denver, CO: Love Publishing Co.

Tingey, C. (Ed.). (1989). *Implementing Early Intervention*. Baltimore, MD: Paul H. Brookes Publishing Co.

Tingey, C. (1989). The many faces of early intervention. *The Exceptional Parent*, 19(1), pp. 24-29.

Focus on Families

Ayres, Carole B. (1988). Integration: A parent's perspective. *Exceptional Parent*, 18(6), pp. 22-25.

Dana Brynelson (Ed.). (1984). *Working Together: A handbook for parents and professionals*. Vancouver, British Columbia: National Institute on Mental Retardation and British Columbians for Mentally Handicapped People.

Bailey, D.B., Jr., and Winton, P.J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education*, 7(1), pp. 73-88.

Guerney, L.F. (1991). Parents as partners in treating behavior problems in early childhood settings. *Topics in Early Childhood Special Education*, 11(2), pp. 74-91.

Healy, A., Keesee, P.D., and Smith, B.S. (1989). *Early Services for Children with Special Needs: Transactions for family support* (2nd Ed.). Baltimore, MD: Paul H. Brookes Publishing Co.

Johnson, B.H., McGonigel, M.J., and Kaufman, R.K. (Eds.). (1989). *Guidelines and Recommended Practices for the Individualized Family Service Plan*. Chapel Hill, NC: The National Early Childhood Technical Assistance System (NEC*TAS).

Kontos, S. (1988). Family day care as an integrated early intervention setting. *Topics in Early Childhood Special Education*, 8(2), pp. 1-14.

Lyons, P., Robbins, A., and Smith, A. (1982). *Involving Parents: A handbook for participation in schools*. Ypsilanti, MI: The High/Scope Press.

Singer, G.H., and Irwin, L.K. (Eds.). (1989). *Support for Caregiving Families: Enabling positive adaptation to disability*. Baltimore, MD: Paul H. Brookes Publishing Co.

Vincent, L.J., and Salisbury, C.L. (1988). Changing economic and social influences on family involvement. *Topics in Early Childhood Special Education*, 8(1), pp. 48-59.

In-home/out-of-home/respite care

Coleman, M. & Apts, S. (1991). Home-alone risk factors. *Teaching Exceptional Children*, 23(3), pp. 36-39.

Joyce, K., Singer, M., and Isralowitz, R. (1983). Impact of respite care on parents' perceptions of quality of life. *Mental Retardation*, 21(4), pp. 153-156.

Koblinsky, S.A., and Todd, C.M. (1991). Teaching self-care skills. *Teaching Exceptional Children*, 23(3), pp. 40-44.

Marc, D.L., and MacDonald, L. (1988). Respite care—Who uses it? *Mental Retardation*, 26(2), pp. 93-96.

Newman, R.L., and Tyler, D.B. (1991). Before- and after-school programs for children with special needs. *Teaching Exceptional Children*, 23(3), pp. 45-48.

Powers, D.A., and Anderson, P.J. (1991). Advocacy for latchkey children: A new challenge for special educators. *Teaching Exceptional Children*, 23(3), pp. 49-51.

Rowland, B.H., and Robinson, B.E. (1991) Latchkey kids with special needs. *Teaching Exceptional Children*, 23(3), pp. 34-35.

Salisbury, C., and Griggs, P.A. (1983). Developing respite care services for families of handicapped persons. *Journal of the Association for Persons with Severe Handicaps*, 8(1), pp. 50-57.

Salisbury, C.L., and Intagliata, J. (Eds.). (1986). *Respite Care: Support for persons with developmental disabilities and their families*. Baltimore, MD: Paul H. Brookes Publishing Co.

Upshur, C.C. (1982). An evaluation of home-based respite care. *Mental Retardation*, 20(2), pp. 58-62.

Preschool

Beckman, P.J., and Kohn, F.L. (1987). Interactions of preschoolers with and without handicaps in integrated and segregated settings. *Mental Retardation*, vol. 25, pp. 5-11.

Berres, M.S., and Knoblock, P. (Eds.). (1987). *Program Models for Mainstreaming—Integrating Students with Moderate to Severe Disabilities.* Rockville, MD: Aspen Publishers, Inc.

Brooks, K., and Deen, C. (1981). Improving accessibility of the preschool facilities for the handicapped. *Young Children*, 36(3), pp. 17-24.

Burstein, N. (1986). The effects of classroom organization on mainstreamed preschool children. *Exceptional Children*, 52, pp. 425-434.

Esposito, B.B. (1987). The effects of preschool integration on the development of non-handicapped children. *Journal of the Division for Early Childhood*, 12, pp. 31-46.

Forest, M. (1986). *Making a Difference: What communities can do to prevent mental handicap and promote lives of quality. Volume III: Helping children live, learn and grow in their communities*. Toronto, ON.: National Institute on Mental Retardation.

Guralnick, M.J., and Groom, J.M. (1988). Peer interactions in mainstreamed and specialized classrooms: A comparative analysis. *Exceptional Children*, 54(5), 415-425.

Hanline, M. (1985). Integrating disabled children. *Young Children*, 40(2), pp. 45-48.

Herick, N., and Lee, P.C. (1985). Patterns of social interaction of mainstreamed preschool children: Hopeful news from the field. *Exceptional Child*, 32, pp. 191-199.

Jenkins, J.R., Speltz, M.L., and Odom, S.L. (1985). Integrating normal and handicapped preschoolers: Effects on child development and social interaction. *Exceptional Children*, 52(1), pp. 7-18.

Jenkins, J.R., Odom, S.L., and Speltz, M.L. (1989). Effects of social integration on preschool children with handicaps. *Exceptional Children*, 55(5), pp. 420-450.

Jobling, Anne. (1988). The "play" focus in early intervention: Children with intellectual disabilities. *Exceptional Child*, 35(2), pp. 119-124.

Langley, M.B. (1985). Selecting, adapting, and applying toys as learning tools for handicapped children. *Topics in Early Childhood Special Education*, 5(3), pp. 101-118.

McEvoy, M.A., Fox, J.J., and Rosenberg, M.S. (1991). Organizing preschool environments: Suggestions for enhancing the development/learning of preschool children with handicaps. *Topics in Early Childhood Special Education*, 11(2), pp. 18-28.

Mallory, B.L., and Kerns, G.M. (1988). Consequences of categorical labeling of preschool children. *Topics in Early Childhood Special Education*, 8(3), pp. 39-50.

Marshall, L., Kearing, R., McDonald, L., and Snart, F. (1986). Preschool integration: An experimental classroom. *Canadian Journal for Exceptional Children*, 3(1), pp. 15-22.

Odom, S.L., and McEvoy, M.A. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. *Topics in Early Childhood Special Education*, 10(2), pp. 48-61.

Ostrosky, M.M. and, Kaiser, A.P. (1991). Preschool classroom environments that promote communication. *Teaching Exceptional Children*, 23(4), pp. 6-10.

Pivato, E., and Chomicki, S. (1986). The GRIT kids start school. *entourage*, 1(3), pp. 3-10.

Sandys, J., and Piet, D. (1986). A journey towards integration: The ABC preschool. *entourage*, 1(1), pp. 24-30.

Taylor, C. et al. (1984). Cost-effectiveness analysis of full-day versus half-day intervention programs for handicapped preschoolers. *Journal of the Division for Early Childhood*, 9(1), pp. 76-85.

Winton, P.J., Turnbull, A.P., and Blacher, J. (1984). *Selecting a Preschool: A guide for parents of handicapped children*. Baltimore, MD: University Park Press.

Social and educational policy

Bricker, D. (1987). Impact of research on social policy for handicapped infants and children. *Journal of the Division for Early Childhood*, 11(2), pp. 98-101.

Goetz, E.M., and Allen, K.E. (Eds.). (1983). *Early Childhood Education: Special environmental, policy and legal considerations.* Rockville, MD: Aspen Systems Corporation.

Lilly, M. (1988). The regular education initiative: A force for change in general and special education. *Education and Training in Mental Retardation*, pp. 253-260.

Salzer, R. (1986). Why not assume they're all gifted rather than handicapped? *Educational Leadership*, 44(3), pp. 74-77.

Saracho, O.N., and Spodek, B. (Eds.). (1983). *Understanding the Multicultural Experience in Early Childhood Education*. Washington, DC: National Association for the Education of Young Children.

Stainback, W., and Stainback, S. (1986). One system, one purpose: The integration of special and regular education. *entourage*, 1(3), pp. 12-16.

Staffing issues

Bailey, D.B., Simeonsson, R.J., Yoder, D.E., and Huntington, G.S. (1990). Preparing professionals to serve infants and toddlers with handicaps and their families: An integrative analysis across eight disciplines. *Exceptional Children*, 57(1), pp. 26-35.

Brophy, K., and Hancock, S. (1988). The role of the teacher in facilitating social integration. *Early Child Development and Care*, 39, pp. 109-122.

Fleming, L.A., Wolery, M., Weinzierl, C., Venn, M.L., and Schroeder, C. (1991). Model for assessing and adapting teachers' roles in mainstreamed preschool settings. *Topics in Early Childhood Special Education*, 11(1), pp. 85-98.

Hanline, M.F., Suchman, S., and Demmerle, C. (1989). Beginning public preschool. *Teaching Exceptional Children*, pp. 61-62.

Huefner, D.S. (1988). The consulting teacher model: Risks and opportunities. *Exceptional Children*, 54(5), pp. 403-414.

Hummel, J.W., Dworet, D., and Walsh, M. (1985). Exceptional students in regular classrooms: Teacher attitudes and teacher inservice needs. *Canadian Journal for Exceptional Children*, 2(1), pp. 14-17.

Klein, N., and Sheehan, R. (1987). Staff development: A key issue in meeting the needs of young handicapped children in day care settings. *Topics in Early Childhood Education*, 7(1), pp. 13-27.

Powers, D.A. (1983). Mainstreaming and inservice education of teachers. *Exceptional Children*, 49(5), pp. 432-439.

NATIONAL CHILD DAY CARE ORGANIZATIONS

Canadian Association for Young Children
252 Bloor St. W.
Suite 12—115
Toronto, ON.
M5S 1V5
Tel. (416) 944-2652
Fax (416) 926-4725

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K1S 5B4
(613) 563-0438

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Ottawa, Ontario
K1N 7Z2
(613) 594-3196

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University of Victoria

Victoria, British Columbia
V8W 2Y2
(604) 721-7981

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Sydney, Nova Scotia
B1P 5K5
Tel (902) 562-1662
Fax (902) 539-9117

Canadian Child Day Care Federation
120 Holland Avenue, Suite 401
Ottawa, Ontario
K1Y 0X6
(613) 729-5289

FEDERAL GOVERNMENT CHILD CARE OFFICES

Director General
Program Development Directorate
Social Service Programs Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
(613) 957-8672

Coordinator
National Child Care
Information Centre
Social Services Programs Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
(613) 957-0612

Manager—National Consultant
Child Care Initiatives Fund
Child Care Program
Social Service Programs Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
(613) 954-8255

Consultant-Nfld., P.E.I., N.S., N.B.
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Social Service Programs Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
(613) 957-0638

Consultant—Quebec
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Ottawa, Ontario
K1A 1B5
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Consultant—Ontario
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Health and Welfare Canada
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Social Service Programs Branch
Health and Welfare Canada
Ottawa, Ontario
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Health and Welfare Canada
Ottawa, Ontario
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Child Care Program
Social Service Programs Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
(613) 957-9892

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Northwest Territories

Consultant on Day Care
Department of Social Services
Government of Northwest Territories
Bag 1320
Yellowknife, Northwest Territories
X1A 2L9
(403) 920-6249

Yukon

Day Care Co-ordinator
Day Care Services Board
Department of Health and
Human Resources
Government of Yukon
Whitehorse, Yukon
Y1A 2C6
(403) 667-3002

British Columbia

Co-ordinator—Day Care & Infant
Development Program
Rehabilitation and Support
Services Division
3rd Floor-Belmont Building
Victoria, British Columbia
V8V 1X4
(604) 387-1275

Provincial Child Care Facilities
Licensing Board
Ministry of Health
Parliament Buildings
Victoria, British Columbia
V8W 3C8
(604) 387-2667

Alberta

Director
Community Day Programs
Department of Social Services and
Community Health
8th Floor, 7th Street Plaza
Edmonton, Alberta
T5J 3E4
(403) 427-4477

Saskatchewan

Director—Child Care Branch
Department of Social Services
1920 Broad Street
Regina, Saskatchewan
S4P 2Y3
(306) 787-3855

Manitoba

Director—Manitoba Child Day Care
Department of Community Services
114 Garry Street
Winnipeg, Manitoba
R3C 1G1
(204) 945-2668

Ontario

Director—Child Care Branch
Children's Services Division
Ministry of Community and
Social Services
Toronto, Ontario
M7A 1E9
(416) 965-0912

Québec

Office des services de garde à l'enfance
100, rue Sherbrooke est
Montréal, Québec
H2X 1C3
(514) 453-2950

New Brunswick

Provincial Coordinator—Early
Childhood Services
Department Health and
Community Services
P.O. Box 5100
Fredericton, New Brunswick
E3B 5G8
(506) 453-2950

Nova Scotia

Director of Day Care Services
Family and Children's Services
Division
Department of Social Services
Halifax, Nova Scotia
B3J 2T7
(902) 424-3204

Prince Edward Island

Day Care Co-ordinator
Division of Child and Family Services
Department of Social Services
Charlottetown, Prince Edward Island
C1A 7N8
(902) 583-2119

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For more information please contact:
The Roeher Institute
Kinsmen Building, York University
4700 Keele Street
North York, Ontario, Canada M3J 1P3
Telephone: (416) 661-9611
Fax: (416) 661-5701